

Indiana State Office of Rural Health

**Analysis of Programs to Recruit and
Retain Primary Care Physicians in Rural
Areas of Indiana**

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Indiana University School of Medicine
Department of Family Medicine Bowen Research Center

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INTRODUCTION

The Indiana State Office of Rural Health (SORH) is responsible for promoting the health of Indiana residents in rural locations. Established in 1992 by the Local Liaison Office of the Indiana State Department of Health, SORH was charged with developing and supporting community-based systems of comprehensive primary care and training primary health care providers to serve in Indiana's rural areas. In this capacity, SORH is interested in strategies to recruit and retain primary care providers in areas of need, specifically rural Indiana counties, to improve health outcomes. Although some participant data are available from the programs that currently exist in Indiana, a comprehensive strategy is needed to monitor and track students through the learner continuum. The strategy would include specific, reliable measures of success as well as surveillance of participants to document healthcare career, choice of specialty and practice locations. To plan a long-term evaluation strategy, the SORH needs to understand what information is currently being captured, based on this study. Finally, the results of the current project will provide useful data to direct the development of a statewide physician recruitment and retention plan.

BACKGROUND AND SIGNIFICANCE

The future of primary care specialties is an important subject in today's healthcare environment. Medical students are choosing subspecialties such as anesthesiology, radiology, and emergency medicine over primary care disciplines, specifically family medicine.¹ According to a study published by Rosenblatt and Andrilla, total amount of student debt influences a students' choice to pursue higher paying subspecialties over primary care jobs, although the effect is lessened when gender and race are added to the model.² The American

Academy of Family Physicians reports that a shortage of family doctors is coming at a dizzying rate. *The 2006 Family Medicine Workforce Reform Report* states that “the number of family doctors must grow by 39% during the next 14 years to keep up with the nation’s healthcare needs.”³

Community health centers (CHCs), which focus on providing primary care services in both urban and rural medically underserved areas, are predominantly staffed by primary care physicians (89.4% of all CHC physicians).⁴ The looming crisis will be felt more acutely in rural clinics. Given the impending shortage of physicians, rural residents will become even more disproportionately served.² Rural CHCs report significantly higher proportions of unfilled positions and more difficulty recruiting family physicians than their urban counterparts. More than one third of rural grantees have been recruiting for a family physician for seven or more months. In 2006, the average CHC reported that 13.3% of the family physician clinical full-time equivalents (FTEs) positions are unfilled. It would require more than 400 FTE family physicians to fill all of the vacancies for this discipline nationally. Vacancies for funded clinical positions in U.S. Health Centers also exist for internists, pediatricians, obstetricians/gynecologists, psychiatrists, and dentists.⁴

Barriers to the recruitment of needed physicians to rural underserved areas include:

- Lack of competitive compensation packages
- Lack of spousal employment opportunities
- Lack of adequate housing
- Poor-quality schools

Even with recruitment incentives such as educational scholarships, loan repayment programs, and J-1 waivers for international medical graduates, CHCs are still understaffed. Retention of physicians in CHCs is also a problem. Rapid turnover of physicians exists in CHCs with many of the doctors leaving immediately after serving their obligations or paying off their loans.⁴

Although the recruitment, retention, and geographic distribution of primary care providers in all environments, especially rural CHCs, is important to improve access to care, this shortage also has serious implications to the health status of citizens. Starfield et al., reported lower all cause mortality rates in U.S. counties where primary care is available regardless of income; she and others also documented other positive health outcomes linked to access to primary care.^{5,6} Therefore, it is necessary to maintain and enhance access to primary care in rural locations where our nation's vulnerable populations live and work to reach the goal of improving the health of rural citizens. However, the declining interest in primary care, as well as competitive environments provided by private practice, is expected to increase the overall shortage of primary care providers in needed areas.

It will not be sufficient for medical schools to produce primary care providers that practice in rural and underserved environments. The physician workforce needs to be culturally diverse and able to understand the needs specific to population demographics in geographic areas. Thus, these physicians must also be trained to serve the needs of citizens in rural and urban underserved environments. Most states do have some programs in place to incentivize, train, and develop these needed primary care providers. However, since many of these programs do not have comprehensive evaluation strategies and do not track learners into practice, their level of success is generally unknown.⁴

Indiana is clearly not immune to the shortage of health professionals and primary care providers in particular. Most of Indiana's rural counties are designated as health professions shortage and/or medically underserved areas. This shortage of physicians, particularly primary care doctors, coupled with Indiana's obesity and tobacco problems, is likely to lead to an increased lack of access to care for vulnerable and underserved populations and further contribute to negative health outcomes.

PURPOSE

The purpose of this project was two-fold:

1. To create an inventory of local, regional, and national primary care physician recruitment and retention programs, including program descriptions and summaries, measures of success, and contact information.
2. To present the findings from a review and analysis of participant data from specific Indiana primary care physician recruitment and retention programs, including the:
 - Indiana Primary Care Scholars Consortium
 - Indiana University School of Medicine Primary Care Scholarship Program
 - West Central Indiana AHEC Summer Enrichment Programs
 - State and National Loan Repayment Programs

GOAL

The goal of this project was to create a national and local inventory and present the findings from participant data from specific programs to assist the SORH with the development of a comprehensive physician recruitment and retention program plan for the rural and underserved areas in Indiana.

CONCEPTUAL FRAMEWORK

Although some data are available for Indiana programs, a comprehensive evaluation strategy needs to be developed to include the learner continuum— from kindergartner to first year medical student to final practice location and completion of service commitment. The strategy needs to appropriately and consistently measure programs success both individually and in aggregate. Since the ultimate measures of success of these programs is to recruit and retain clinicians, specifically primary care doctors, in rural and underserved locations and to improve health outcomes in those areas, the strategy needs to include surveillance of participants through the student training and development pipeline, particularly measure specialty choice and ultimate practice location. A model might include two levels of assessment: a students' intent to choose a health care career and training milestones. The measure of intent to chose a career in health would expand the current partnership to include researchers from education to assist planners in a choice of educational model and instrument construction to assess intent to choose health care careers across the learner continuum linked directly with the milestone arm of the model where objective data on learners is tracked and monitored. Milestones to be measured include, but are not limited to:

- Percent of students who graduate from high school.

- Percent of students who graduated and chose either a 4 year baccalaureate or less than 4 year training program.
- Percent of those choosing a baccalaureate who choose a health care career.
- Percent of those choosing a less than 4 year training program who choose a health care career.
- Percent of learners choosing graduate training in a health care career, specifically advance practice nursing or medical school.
- Percent of learners in advance degree programs or medicine choosing primary care.
- Percent of those choosing primary who are serving in rural and underserved environments.
- Change in key health indicators.

Data captured in both the intent arm and milestone arm of the model, along with learner participation in recruitment and retention programs, and final choices of specialty and practice location would demonstrate program success. The current project is focusing only on the end of the pipeline issues that affect specialty choice and practice location.

LOGISTICS

The Indiana State Office of Rural Health contracted with faculty and staff of the Indiana University Department of Family Medicine Bowen Research Center to gather and organize information needed to help identify successful primary care physician recruitment and retention programs for rural and underserved areas. These activities included both a review of existing

programs and activities occurring in Indiana and other states via peer review publications and reports, and an evaluation of three specific recruitment programs occurring in Indiana.

PARTICIPANT DATA

The programs included in this analysis, Indiana Primary Care Scholars Consortium; the Indiana University School of Medicine Primary Care Scholarship Program; and the State and National Loan Repayment Program, were selected because they are the only standing programs that currently exist in Indiana. West Central Indiana AHEC Summer Enrichment Programs were selected because West Central has the longest history of student participation; and therefore the largest number of participants to include in this analysis.

RESULTS

The results of each activity are presented in this report as distinct sections (Section I-VI) including program descriptions, logistics, methods, and outcomes. Details of each program are included in the appendices.

SECTION I

PHYSICIAN RECRUITMENT AND RETENTION PROGRAM INVENTORY

Description

Physician recruitment and retention programs designed to attract primary care doctors to practice in rural and underserved areas exist in all states. Some of the programs are national in scope, while others pertain to specific state needs. Although these programs are predominantly loan repayment programs, scholarships, and J-1 waivers for international medical graduates, others do exist, but are not easily found. For example, specific programs are developed by individual health care facilities as needed, and are tailored to attract the physicians they are seeking to recruit. These “ad hoc” programs are not included in this inventory, since they are not standardized and are only offered when needed by the facility.

Since a local or national “resource list” was not readily available, this project team created a national and State of Indiana inventory of programs to be used for planning purposes. Considerable effort was devoted to making sure the inventory was complete. However, it is expected that some existing programs were not located. Since our staff could not locate the programs, it is likely that physicians looking for information on these programs would have difficulty as well. Rarely were data provided that indicated the level of success of the program in reaching its goals. Consequently, inclusion of a program on the inventory list does not indicate that it may be a recommended model program. All programs found were included in the inventory if the stated purpose was to recruit or retain physicians to areas of need. Programs designed to recruit individuals to medical school only were excluded.

Methods

The recruitment and retention program inventory has two components: a national inventory and an Indiana program inventory. The development and organization of each inventory is described in detail below.

National Physician Recruitment and Retention Inventory

The national physician recruitment and retention inventory was compiled using various Internet search engines to return information on physician recruitment and retention programs available in the United States. Following an extensive review, it was determined that three primary sources were found to provide the most useful information:

1. The Association of American Medical Colleges (AAMC): Loan Repayment/Forgiveness

Scholarship Programs

- Website: www.aamc.org/stloan
- This searchable database provided detailed information about the State and Federal Repayment programs, as well as Loan and Scholarship programs available to primary care physicians.

2. The American Academy of Family Physicians: Funding Resources for Practicing in

Underserved Areas

- Website:
<http://www.aafp.org/online/en/home/clinical/publichealth/culturalprof/underserved.html>
- This directory was created to inform medical students, family medicine residents, and practicing family physicians of the incentives and opportunities

available for health personnel to provide basic medical services to communities and populations that lack adequate access to primary care services. This directory identifies and describes financial aid programs, scholarships, fellowships, grants, awards, and other incentives to attract and retain health care personnel in scarcity areas. Within this directory, U.S. states are listed alphabetically and entries contain descriptions of initiatives from educational institutions, state, and federal loan repayment programs, and other resources that address the problem of physician supply in medically underserved areas.

3. PubMed

- A service of the National Library of Medicine and the National Institutes of Health including over 17 million articles from MEDLINE and other life science journals, PubMed was searched for peer reviewed articles on programs published in the medical literature.

Indiana Physician Recruitment and Retention Inventory

The Indiana Physician Recruitment and Retention Inventory was compiled using a “snowball” methodology.

- Directors of known programs and other key individuals were contacted by telephone and interviewed about their programs for the inventory.
- Directors were then asked to identify other national and Indiana “model” programs, which we could contact.

Newly identified programs were added to the inventory list following most contacts. Directors of newly identified programs were contacted by telephone and interviewed about their programs for inclusion in the inventory. These directors were then also asked to identify other known programs. Newly identified directors were asked about other programs until the same programs were continuously identified. Various Internet search engines were then used to compare the consistency of the program information available on the Internet with the information shared by the Indiana program directors.

The following directors and others were used to identify physician recruitment and retention programs in Indiana:

- José Espada, Coordinator, Indiana University School of Medicine Primary Care Scholarship Program
- Jennifer Custer, former Bureau of Health Professions Consultant; currently, co-director of the Indiana Primary Care Scholars Consortium and Ambassador, National Health Service Corps
- Joann Stewart, Project Coordinator, Indiana Health Care Professional Recruitment and Retention Fund Program
- Jill Patterson, Program Coordinator, AmeriCorps
- Randall Ritter, Indiana Primary Health Care Association
- Spencer Grover, Indiana Hospital and Health Association

The final inventories included the names and description of each program, incentive(s), partner(s), contact(s), measures of success, and resources for additional information. The national inventory is organized alphabetically by the name of the state and the Indiana inventory, by name of the program.

Findings

The inventories are included in Appendix A. After compiling and reviewing both the national and state inventories, the following conclusions were made:

National Physician Recruitment and Retention Inventory

- The National Health Service Corps (NHSC) helped medically underserved communities and health professional shortage areas (HPSA) in the United States to recruit and retain primary care physicians to serve in their community. The NHSC had two federal programs to assist in the recruitment and retention of primary care providers: a scholarship and a loan repayment program. These programs were available to medical students and primary care physicians in all 50 U.S. states.
- Most states had at least one state program, while some had several programs.
- Limited information was available on measures of success and retention rates in both state and federal programs.

Indiana Physician Recruitment and Retention Inventory

- Inconsistencies were found when comparing program information between different Internet websites.
- Inconsistencies were found when comparing program information found via Internet websites with the information shared by program directors.
- Program directors in Indiana were difficult to reach. For most, directing the program was only part of their job responsibilities.

- Rural hospitals developed physician recruitment and retention programs as needed and were typically not ongoing.
- Rural hospital programs developed physician recruitment and retention programs based on available resources and specialty needed. Thus, these programs are tailored as needed to attract specific physicians.
- Some directors were unaware of other programs that exist in Indiana.
- None of the local directors were able to identify other “model” programs in other states.
- Limited information was available regarding measures of success and retention rates of Indiana programs.

Recommendations

- There is an urgent need for long-term follow up of program participants to determine the impact of retaining physicians in areas of need once obligations are met.
- A definition of a “successful program” needs to be established.
- A consistent reporting and evaluation strategy needs to be developed to measure program success and retention rates, both nationally and locally.
- All state and local program information needs to be made available for medical students, residents, physicians, and program planners.
- Programs directors should identify, target, and recruit individuals who are more likely to remain in rural or underserved areas after completing their service obligation.
- Program directors should dedicate resources to keeping website and program information current.

SECTION II

INDIANA PRIMARY CARE SCHOLARS CONSORTIUM

Description

The Primary Care Scholars Consortium Program was designed to offer quality summer primary care training opportunities in rural or urban medically underserved community-based settings to first-year medical students attending the Indiana University School of Medicine (IUSM). The program was a statewide decentralized preceptorship program coordinated by the Indiana University Department of Family Medicine in conjunction with the Richard G. Lugar Center for Rural Health Summer Hoosier Rural Preceptorship Program (Lugar Center for Rural Health), formerly called the Midwest Center for Rural Health. Other partners included: Deaconess Hospital Family Medicine Residency Program, Fort Wayne Medical Education Program, Indiana Academy of Family Physicians Foundation, IUSM Primary Care Scholars Program, and St. Joseph Regional Medical Center Family Medicine Residency.

Indiana residents who had successfully completed their first year of medical school at IUSM (excluding students applying for the Lugar Center for Rural Health Hoosier Preceptorship Program) were eligible to apply for placement. Occasionally, exceptions were made to also accept a small number of students who had completed their first year of medical school outside of Indiana, such as through Illinois' Rural Medical Education program. Student applications were evaluated on their interest in completing a rural or urban experience. Student suitability and readiness for the program was determined following a face-to-face interview. Priority was given to students with a commitment to underserved communities, those in the National Health Service Corps, Indiana Primary Care Scholarship recipients, and those who were from rural or urban communities in the community-based settings serviced by the various sponsors in the state

of Indiana. Selected students received a \$3,000 stipend for the 8-week experience. This stipend was paid in two installments (\$2,000 at the beginning of the program, and \$1,000 at the end). Applications were accepted on a rolling basis, but were generally due in January. Placements were made by May of the same year. During the 8 week experience students spent time with primary care physicians who served as role models in providing the students with significant exposure to rural or urban medicine. The participants also gained exposure to biomedical rural or urban research that included family, community, and economic factors influencing an individual's health in a rural or urban setting; learned about the role of hospital, allied health agencies, and health care professionals that complemented the work of primary care physicians; and assisted with programs to improve the health of citizens in rural and urban underserved areas. Although students were usually placed in counties with medically underserved area (MUA) or health professions shortage area (HPSA) designations, some student were placed in counties with no designation, but in primary care settings providing care to a large vulnerable or underserved population or in community health centers. Appendix B provides additional details about the Consortium Programs.

Methods

Three Indiana Primary Care Scholars Consortium data sets were obtained for use in this project. Two of the data sets were obtained from the Lugar Center for Rural Health's Hoosier Preceptorship Program. These two data sets consisted of medical student, and physician and hospital evaluations of the program and the preceptorship experience. The third data set was provided by the Indiana University School of Medicine Department of Family Medicine. This

data set was primarily used as a program management tracking and surveillance tool. Each data set and data collection process is described in detail in the following sections.

Lugar Center for Rural Health Hoosier Preceptorship Program: **Medical Student** Evaluations for 1993 – 2006

The Lugar Center for Rural Health provided medical student evaluations for 13 years (1993-2006). Students were asked to assess the quality of the program and their experience with the summer preceptorship program using a questionnaire developed by the Lugar Center staff. Although similar instruments were used during the 13 year time period, the same items did not appear annually, as is usually the case as programs evolve. General program assessment items were included each year. Items assessing program details in 1993-1995 were different than those assessed in 1996-2006. Student assessment of what they learned in clinical skills development was assessed in years 1996-2006. Evaluation of students' exposure to various clinical departments was only assessed in 1997. Regardless of year, students assessed their experience using a 4 point scale (excellent, very good, good, average) or not applicable. Students were also asked to respond to open-ended questions about the types of patients seen and overall program experience. Paper copies of completed questionnaires were provided to the Bowen Research Center in May 2007 for analysis. Responses were hand entered into Microsoft Excel spreadsheets. A 5% sample of the electronic entries was re-checked for accuracy. No errors were detected. The final Excel worksheet was imported in SPSS Statistical Software version 14.0 for analysis.

Lugar Center for Rural Health Hoosier Preceptorship Program: **Physician and Hospital Staff** Preceptor Evaluations for 1994- 2005

The Lugar Center for Rural Health also provided physician and hospital staff preceptor evaluations of the preceptorship program for 11 years (1994-2005). Physician and hospital staff were asked to respond to open-ended questions about the adequacy of schedule and length of the rotation, student strengths and weaknesses, whether they would precept other medical students or residents in the future, and provide suggestions for improving the externship program. Survey responses were summarized. Individual students' strengths and weaknesses were not included in the summary.

Department of Family Medicine Consortium Surveillance for 1993 – 2005

The Department of Family Medicine Consortium Program Manager provided data on students participating in the summer preceptorship. The data table provided was primarily designed as a tool to track program participants and the type of residency those participants chose at the end of their medical school education.

Findings

All of the findings in each data set should be interpreted with caution due to the small number of respondents included in the analysis and changes in the survey items over time. In addition, historical experiences may not be representative of current preceptorship experiences. “Not applicable” responses were coded as missing and not included in the analyses shown in the summary tables.

Lugar Center for Rural Health Hoosier Preceptorship Program: **Medical Student** Evaluations for 1993 – 2006 (Table 1 and 2)

The following summarizes the excellent and very good/good categories:

- Almost all (96%) of the students said the staff were helpful and courteous.
- Most of the students reported that duties and obligations were adequately explained (86%), felt guided in handling and responding to patients and their feelings (87%), and reported that technical skill requirements were fully explained (87%).
- About eight of ten students reported that the direct observation of clinical skills was adequate (81%), felt they were provided with information on where to find research sources (78%), and were encouraged and expected to actively participate in patient care (80%).
- About three-quarters of the students said the orientation was useful (74%), they were clear in their responsibilities (70%), reported the quality and quantity of required reading was appropriate (75%), and felt feedback provided on clinical skills was adequate (74%).
- About two-thirds of the students thought the orientation on site was useful (68%) and reported that “first contacts” in the preceptor’s office were adequate (67%).
- Most students rated the development of clinical skills, auscultation of lungs (80%), auscultation of heart (81%), examination of ears (75%); exposure to well child exams (78%); history taking for acute (78%) and chronic problems (76.7%); and exposure to family dynamics (80%) and substance abuse including alcohol (65%) as excellent or very good/good.
- All or almost all of the students thought exposure to obstetrics and the delivery room (100%), and surgery (99%) was excellent or very good/good.

- Most of the students thought exposure to radiology (88%) and other areas including administration (75%) were excellent or very good/good.
- Three-quarters of the students thought exposure to pediatrics (75%) and rounds (75%), was very good/good.
- Fifty-seven percent (57%) of the students thought exposure to the emergency room was excellent or very good/good.
- Most (88%) of the students thought the preceptorship made an excellent or very good/good contribution to their medical education.
- Most (88%) of the students rated the quality of teaching as excellent or very good/good.
- Most (87%) of the students rated the preceptorship as a whole as excellent or very good/good.
- Students reported the best features of the internship as the:
 - Overall clinical experience, with exposure to a variety of patients and interesting cases, exposure to various departments, including emergency medicine, pediatrics, surgery, OB/GYN, and geriatrics.
 - Exposure to various procedures and surgical techniques (i.e. deliveries, caesarean sections, suturing).
 - Opportunity to develop clinical skills through hands-on experience, development of a greater appreciation for the field of family practice and its range of opportunities.
 - Exposure to the administrative, organizational, and technological aspects of the medical field.
 - Experience observing, working with, and learning from practicing physicians.

- Exposure to medicine in the rural setting.
- Students reported being exposed to patients of different ages, with a variety of acute and chronic illnesses.
- Students made a number of specific recommendations:
 - Eliminate specific activities (i.e. time spent in medical records, registration, pharmacy, nutrition) to maximize patient exposure, and spend time with other departments, such as pediatrics, counseling services, and E.N.T.
 - Increase the hands-on clinical experience in order to develop clinical and technical skills (i.e. scrub in for surgery, take histories).
 - Encourage more in-depth teaching by preceptors, with further explanation of cases and more explicit directions for students.
 - Improve the logistics of externship experience:
 - Decrease the number of students per preceptor
 - Provide more orientation
 - Change the length of the externship to match the needs for specific rotations
 - Better explain the student responsibilities and expectations
 - Select preceptors that are committed, willing to accommodate students, and that have strong teaching skills.
 - Provide preceptors with guidelines on students' educational needs.

Lugar Center for Rural Health Hoosier Preceptorship Program: Physician and Hospital Staff Preceptor Evaluations for 1994 – 2005 (Table 3)

The preceptor or organization staff completed an evaluation form for each medical student.

- Most (88.3%) reported the length of preceptorship was appropriate.
- Nearly all (97.7%) indicated willingness to precept students in the future.
- General suggestions for improvement included: developing students' basic clinical skills prior to the preceptorship, extending the rotation by a week or two, and providing students and preceptors with specific objectives for the rotation.

Department of Family Medicine Consortium Surveillance for 1993 – 2005 (Table 3)

- The data set contained 348 participants for 1993-2005, 45% male and 55% female.
- Fifty eight percent (57.6%) of the graduating Consortium students chose primary care, specifically family medicine (32.2%).
- One-third (32.2%) of the graduating students chose specialty care, mostly obstetrics/gynecology (6.1%) and anesthesia (4.5%).
- About 10% of graduating students did not enter a residency program.
- Thirty seven participants were still in medical school.

Limitations

- The evaluations used to collect medical student evaluation data changed during the 1993-2006 time period.
- Students completed only one evaluation form after having several preceptors.
- Only one member of the Consortium provided data.

- The physician/organization evaluations were difficult to summarize because the evaluation form is student-specific, rating the student but not specifically the objectives and logistics of the program.
- The analysis did not match preceptor responses to student responses.
- The Consortium surveillance data is not routinely checked for accuracy.

Conclusions and Recommendations

- There is an urgent need for long-term follow up of program participants.
- A definition of a “successful program” needs to be established.
- A consistent reporting and evaluation strategy needs to be developed to measure program success and retention rates.
- Specific learning objectives need to be developed for the preceptorship so that student and preceptor roles and responsibilities are defined.
- A core set of items needs to be developed for the preceptors to assess the program objectives annually.
- A core set of items needs to be developed for the preceptors to assess the student’s ability to meet the learning objectives.
- The Consortium partners should maintain coordination of their assignments to reduce the burden on family physicians and practice sites.
- The Consortium needs to maintain a statewide, decentralized presence.
- An evaluation strategy needs to be developed for all partners that includes following students into practice.

- Student learning tracks need to be created to give students training in areas specific to special populations (e.g., pesticide poisoning in rural areas, and procedures done in offices in rural settings, such as vasectomies).
- A surveillance system, designed to track students' hometown address, is needed to determine if they return to work in a similar environment.

Table 1

Lugar Center for Rural Health Hoosier Preceptorship Program: Medical Student Evaluations for 1993 – 2006

	TOTAL AND PERCENT BY CATEGORY								GRAND TOTAL
	Excellent		Very Good / Good		Average		Below Average / Poor		
PROGRAM	n	%	n	%	n	%	n	%	n
Usefulness of the orientation	16	41.0	13	33.3	6	15.4	4	10.3	39
Usefulness of orientation at site	10	52.6	3	15.8	5	26.3	1	5.3	19
Clarity of student responsibilities	30	42.3	20	28.2	14	19.7	7	9.9	71
Appropriateness, quality & quantity of required reading	9	56.3	3	18.8	4	25.0	0	0.0	16
Adequacy of direct observation of your clinical skills	35	55.6	16	25.4	9	14.3	3	4.8	63
Adequacy of feedback given on your clinical skills	29	46.0	18	28.6	11	17.5	5	7.9	63
Adequacy of "first contacts" in your preceptor's office	24	44.4	12	22.2	10	18.5	8	14.8	54
Adequately explained my duties & obligations	153	47.5	125	38.8	36	11.2	8	2.5	322
Guided me in handling & responding to patients & their feelings	166	52.9	107	34.1	33	10.5	8	2.5	314
Fully explained technical skills requirements	153	49.7	113	36.7	39	12.7	3	1.0	308
Provided information on where to find research sources	128	45.1	95	33.5	50	17.6	11	3.9	284
Encouraged & expected me to actively participate in patient care	175	53.7	87	26.7	47	14.4	17	5.2	326
Staff was helpful & courteous	260	79.5	56	17.1	10	3.1	1	0.3	327
DEVELOPMENT OF CLINICAL SKILLS									
Ascultation of lungs	140	45.2	108	34.8	39	12.6	23	7.4	310
Ascultation of heart	136	43.9	115	37.1	33	10.6	26	8.4	310
Examination of ears	124	40.9	102	33.7	44	14.5	33	10.9	303
Exposure to well child exam	121	44.2	93	33.9	38	13.9	22	8.0	274
History taking for acute problems	144	47.5	93	30.7	50	16.5	16	5.3	303
History taking for chronic problems	134	44.5	97	32.2	53	17.6	17	5.6	301
Family dynamics	124	41.1	119	39.4	46	15.2	13	4.3	302
Substance abuse including alcohol	89	33.2	85	31.7	70	26.1	24	9.0	268
DEPARTMENTAL EXPOSURE									
Emergency room	1	14.3	3	42.9	1	14.3	2	28.6	7
Obstetrics/Delivery room	2	50.0	2	50.0	0	0.0	0	0.0	4
Surgery	6	66.7	3	33.3	0	0.0	0	0.0	9
Radiology	3	37.5	4	50.0	1	12.5	0	0.0	8
Pediatrics	0	0.0	3	75.0	0	0.0	1	25.0	4
Rounds	0	0.0	3	75.0	0	0.0	1	25.0	4
Other areas	2	28.6	3	42.9	2	28.6	0	0.0	7
Administration	1	25.0	2	50.0	0	0.0	1	25.0	4
GENERAL									
Overall contribution to your basic medical education	243	60.6	109	27.2	41	10.2	8	2.0	401
Overall quality of teaching	245	60.8	110	27.3	39	9.7	9	2.2	403
Rating externship as a whole	229	58.3	113	28.8	45	11.5	6	1.5	393

Table 2

Lugar Center for Rural Health Hoosier Preceptorship Program: Medical Student Evaluations for 1993 – 2006, Summary of Medical Student Evaluation Comments

Best Features of the Externship	
◦	Overall clinical experience, with exposure to a variety of patients and interesting cases
◦	Exposure to various departments, including emergency medicine, pediatrics, surgery, OB/GYN, and geriatrics
◦	Exposure to various procedures and surgical techniques (i.e. deliveries, caesarean sections, suturing)
◦	Opportunity to develop clinical skills through hands-on experience
◦	Development of a greater appreciation for the field of family practice and its range of opportunities
◦	Exposure to the administrative, organizational, and technological aspects of the medical field
◦	Experience observing, working with, and learning from practicing physicians
◦	Exposure to medicine in the rural setting
Patient Type	
◦	A variety of patients that differed with respect to age, disease state, and type (acute/chronic) of illness
◦	Occasionally, very few patients for the student to see
Suggested Changes	
◦	Eliminate specific activities (i.e. time spent in medical records, registration, pharmacy, nutrition) to maximize patient exposure
◦	Spend time with other departments, such as pediatrics, counseling services, and E.N.T.
◦	Increase hands-on clinical experience in order to develop clinical and technical skills (i.e. scrub in for surgery, take histories)
◦	Encourage more in-depth teaching by preceptors, with further explanation of cases and more explicit directions for students
◦	Improve logistics of externship experience by decreasing the number of students per preceptor, providing more orientation, and further explaining student responsibilities/expectations
◦	Select preceptors that are committed, willing to accommodate students, and that have strong teaching skills, and provide them with guidelines on students' educational needs
◦	Change the length of the externship, depending on the specific rotation
General Comments – Positive & Negative	
◦	Worthwhile experience with an excellent introduction to clinical medicine
◦	Time would have been better spent in other rotations (with more teaching, less downtime, more patients, etc.)
◦	Externship experience stimulated an interest in further rural medicine exposure/training

Table 3

Department of Family Medicine Consortium Surveillance for 1993 – 2005, Number and Percent of Consortium Students Entering Primary and Specialty Care Disciplines

	CONSORTIUM STUDENTS	
	n	%
PRIMARY CARE RESIDENCY	179	57.6
Family Medicine	100	32.2
Internal Medicine	35	11.3
Pediatrics	34	10.9
Internal Medicine/Pediatrics	10	3.2
SPECIALTY CARE RESIDENCY	100	32.2
Anesthesia	14	4.5
Dermatology	5	1.6
Emergency Medicine	13	4.2
Neurology	7	2.3
Neurosurgery	1	0.3
OB/GYN	19	6.1
Ophthalmology	3	1.0
Orthopedic Surgery	6	1.9
Otolaryngology	3	1.0
Otolaryngology/Pediatrics	1	0.3
Pathology	1	0.3
Physical Medicine & Rehab	1	0.3
Psychiatry	4	1.3
Radiology	11	3.5
Surgery	9	2.9
Surgery/ENT	1	0.3
Urology	1	0.3
DID NOT ENTER RESIDENCY	32	10.3
Deceased	1	0.3
Deferred for MBA	1	0.3
Delayed	3	1.0
Didn't Match	1	0.3
Leave of Absence	1	0.3
Unknown Match	21	6.8
Withdrew	4	1.3
TOTAL	311	100.0

SECTION III

INDIANA UNIVERSITY SCHOOL OF MEDICINE PRIMARY CARE SCHOLARSHIP PROGRAM

Description

The Indiana Primary Care Scholarship Program was established by the State of Indiana in 1993 in an effort to increase the number of practicing primary care physicians within Indiana's medically underserved areas. Since its inception, the program has financially assisted over 200 Indiana residents attending Indiana University School of Medicine (IUSM) in exchange for their commitment to serve where needed in Indiana when they finish training. During the past 14 years, the scholarship paid the in-state Indiana University School of Medicine medical school tuition and application fees for each of the four years of medical school in exchange for the medical students commitment to practice primary health care within Indiana's medically underserved areas; one year of service for each year they received support from the program. Applicants were Indiana residents who were accepted or enrolled as a full-time medical student at the Indiana University School of Medicine and not already committed to any other programs that would require a service commitment in a direct conflict with the Indiana Primary Care Scholarship. Students were required to be in good academic standing while in medical school and demonstrate commitment to a primary care specialty (family medicine, general internal medicine, general pediatrics or internal medicine/pediatrics). Students not able to meet the scholarship obligations were expected to repay the scholarship fund.

Methods

The Indiana University School of Medicine Medical Student Affairs, Student Financial Services Program Director provided data on students awarded the Primary Care Scholarship. The data table provided was primarily designed as a tool to track program participants and their achievement of the scholarship obligation.

Findings

- Data were provided for 228 scholars; 53.9% were female and 46.1% were male.
- Seventy percent (70%) of the scholars chose primary care, 8.3% chose specialty care, while the rest were medical students (14%), or withdrew or were dismissed from the program (8%).
- Scholars choosing primary care, most often chose family medicine (62%); 19% chose general internal medicine, and 19% chose general pediatrics.
- Most (63%) of the scholars choosing primary care were serving or finished serving their obligation, 18% were repaying or had repaid their scholarship funding, and 18% were students or residents.

Limitations

- The Scholars data were not collected and organized for analysis.
- The Scholars data may not be routinely checked for accuracy and updated.
- There was no follow up with the recipients after they fulfilled their service obligation.

Recommendations

- Maintain the Scholars program. Most (70%) of the students accepted into the Scholars program choose primary care. Sixty three percent fulfill their obligation.
- Deliberately plan a curricular path for students through all four years of medical school that provides them with skill sets and tools to be a successful primary care provider in an underserved area of Indiana.
- Review the award criteria to insure that those opting for the Scholarship program have the characteristics of those who are more likely to practice in areas of need.
- Determine why students in general do not apply for the Scholarship.

Table 5

Indiana University School of Medicine Primary Care Scholarship Program 1993-2006, Number and Percent of Scholars Entering Primary and Specialty Care Disciplines

	Serving Scholarship Obligation		Finished Serving Obligation		Repaying		Repaid		Scholarship In Progress (Residents/Students)		Problem		TOTAL	
	n	%	n	%	n	%	n	%	n	%	n	%	n	% of total
PRIMARY CARE														
Family Medicine	32	33.0	41	42.3	3	3.1	5	5.2	16	16.5	0	0.0	97	42.5
Family Medicine (OB)	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.9
Internal Medicine	7	36.8	5	26.3	1	5.3	3	15.8	3	15.8	0	0.0	19	8.3
Internal Medicine/Pediatrics	4	36.4	2	18.2	1	9.1	0	0.0	4	36.4	0	0.0	11	4.8
Pediatrics	9	30.0	11	36.7	0	0.0	3	10.0	7	23.3	0	0.0	30	13.2
SPECIALTY CARE														
Anesthesia	0	0.0	0	0.0	1	14.3	6	85.7	0	0.0	0	0.0	7	3.1
Emergency Medicine	0	0.0	0	0.0	0	0.0	3	100.0	0	0.0	0	0.0	3	1.3
Neurology	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	0.4
OB/GYN	0	0.0	0	0.0	0	0.0	0	0.0	2	100.0	0	0.0	2	0.9
Otolaryngology	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	0.4
Pathology	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	0.4
Psychiatry	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	1	0.4
Radiology	0	0.0	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	0.4
Surgery	0	0.0	0	0.0	0	0.0	1	50.0	0	0.0	1	50.0	2	0.9
MEDICAL STUDENT														
First Year	-	-	-	-	-	-	-	-	6	100.0	-	-	6	2.6
Second Year	-	-	-	-	-	-	-	-	4	100.0	-	-	4	1.8
Third Year	-	-	-	-	-	-	-	-	10	100.0	-	-	10	4.4
Fourth Year	-	-	-	-	-	-	-	-	12	100.0	-	-	12	5.3
OTHER														
Leave of Absence	-	-	-	-	0	0.0	0	0.0	2	66.7	1	33.3	3	1.3
Dismissed	-	-	-	-	0	0.0	0	0.0	0	0.0	1	100.0	1	0.4
Withdrew	-	-	-	-	0	0.0	8	57.1	0	0.0	6	42.9	14	6.1
TOTAL	52	-	61	-	6	-	33	-	67	-	9	-	228	100.0

SECTION IV

WEST CENTRAL INDIANA AREA HEALTH EDUCATION CENTER (AHEC) SUMMER ENRICHMENT PROGRAMS

Description

The purpose of West Central Indiana (WCI) AHEC Summer Enrichment Programs was two-fold:

- To inform and excite youth in grades 1-12 about the possibility of a career in health care
- To expose and stimulate students in pre-health career training settings and in health career training programs to the needs and opportunities of working in a health field, especially in a rural or underserved location.

The goals of the programs were to challenge youth to see themselves in health care roles helping others, especially in rural and underserved locations; to encourage them to position themselves academically for their future training programs by making science and mathematics fun and interesting; to create an environment where these students feel at home and welcome in a health care setting; and utilize guest speakers, service learning experiences, conferences, clinical shadowing as tools to accomplish this goal. Additional descriptions of the West Central Indiana AHEC Summer Enrichment Programs are provided in Appendix C.

Methods

The Indiana Area Health Education Center Data Manager provided data on West Central AHEC student participants and program types. The results are shown in Table 6.

Findings

- Two hundred unique students participated in the West Central AHEC Summer Enrichment Programs between 2003 and 2006.
- West Central AHEC offered 12 unique programs during 2003 and 2007 (The Middle School Health Science Camp was previously called the Middle School Health-Science Academy and has been cited in the table as two distinct programs).
- All programs were specifically designed for students in particular age groups.
- About 60% of the participants were female.
- Most often, participants were White (46%); 12% were of Asian, Latino, or multicultural decent, and about 9% were African American. Race was not known for about 34% of the participants.
- Participation by students increased as the programs developed, a proxy indicator that students were satisfied with the program.

Recommendations

- Continue tracking unique programs and student participation.
- Develop a system to track students after their participation in programs to determine if they applied for admission to health professions training programs, and if so, whether or not they were admitted.
- Work with partners to develop a long-term tracking system for program participants.

Table 6

West Central Indiana AHEC Summer Enrichment Programs 2003 – 2006, Participant Demographics by Program

	PARTICIPANT DEMOGRAPHICS																
	Age			Gender					Race								
	N	n	Mean (± sd)	n	Male		Female		n	African American		White		Other		Unknown	
Body Works: The Health Science Connection, Intermediate	13	13	10.6 (0.83)	13	3	23.1%	10	76.9%	13	3	23.1%	9	69.2%	1	7.7%	0	0.0%
Body Works: The Health Science Connection, Primary	17	17	8.8 (0.62)	17	9	52.9%	8	47.1%	17	1	5.9%	10	58.8%	6	35.3%	0	0.0%
Clinical Shadowing I	6	6	20.4 (0.30)	6	5	83.3%	1	16.7%	6	0	0.0%	5	83.3%	1	16.7%	0	0.0%
Clinical Shadowing II	6	6	21.5 (0.41)	6	2	33.3%	4	66.7%	6	0	0.0%	6	100.0%	0	0.0%	0	0.0%
Summer Honors Program	55	35	17.0 (0.72)	55	13	23.6%	42	76.4%	55	5	9.1%	23	41.8%	7	12.7%	20	36.4%
Forensic Science Academy 2006	9	9	15.9 (1.21)	9	2	22.2%	7	77.8%	9	0	0.0%	8	88.9%	1	11.1%	0	0.0%
Indiana Rural Health Association Rural Scholars	13	13	20.6 (0.73)	13	10	76.9%	3	23.1%	13	0	0.0%	12	92.3%	1	7.7%	0	0.0%
Indiana Rural Health Association Rural Trainees 2006	1	0	-	0	-	-	-	-	0	-	-	-	-	-	-	-	-
Middle School Health Science Academy 2006	25	25	13.4 (0.72)	25	8	32.0%	17	68.0%	25	6	24.0%	13	52.0%	6	24.0%	0	0.0%
Middle School Health and Science Camp	45	1	12.7 (0.00)	45	21	46.7%	24	53.3%	45	1	2.2%	0	0.0%	0	0.0%	44	97.8%
Student Mentoring Program, Middle School	3	0	-	3	1	33.3%	2	66.7%	3	0	0.0%	1	33.3%	0	0.0%	2	66.7%
Summer Research Institute 2006	6	3	19.7 (0.36)	6	3	50.0%	3	50.0%	6	1	16.7%	3	50.0%	0	0.0%	2	33.3%
Youth Summer Programs	1	0	-	0	-	-	-	-	0	-	-	-	-	-	-	-	-
TOTAL	200	128	15.2 (4.05)	198	77	38.9%	121	61.1%	198	17	8.6%	90	45.5%	23	11.6%	68	34.3%

SECTION V

Indiana Health Care Professional Recruitment and Retention Fund Program

Description

The Indiana Health Care Professional Recruitment and Retention Fund (IHCPRRF) program provides student loan repayment to health care professionals to encourage the full-time delivery of health care in shortage areas. The Indiana State Department of Health (ISDH) administers the fund. Eligible recipients of the student loan repayment program included the following: primary care physicians, primary care nurse practitioners, certified nurse midwives, primary care physician assistants, general practice dentists, and dental hygienists. Physicians not completing a residency training program were not eligible for the student loan repayment program. The IHCPRRF Program allowed the ISDH to repay outstanding student loans only for expenses incurred during undergraduate or graduate health professional education. Health care professionals participating in the IHCPRRF Program must practice full-time in public or private not-for-profit settings in HPSAs approved by the ISDH and, therefore, cannot have established private practices. Selected recipients were granted up to \$40,000 for a minimum service commitment of two years (up to \$20,000 per year).

Methods

The Indiana State Department of Health Project Coordinator provided data on participants in the Indiana loan repayment program. The results are shown in Table 7.

Findings

From 2002 to 2006, 16 physicians have participated in the Indiana loan repayment program; most were family practitioners or pediatricians. Most often the participants were males (69%) and White (88%). The participants were practicing in a variety of sites, mostly in urban areas (81%).

Recommendations:

- Few medical school graduates have taken advantage of this program; thus, barriers preventing greater use of this program need to be identified and addressed.
- Participants in the program need to be tracked to determine if they continue to practice in underserved areas once their service obligation has been fulfilled.

Table 7

Demographic Data of Physician Participants in the Indiana Health Care Professional Recruitment and Retention Fund Program, 2002 – 2006

	PROGRAM PARTICIPANTS	
	n	%
SPECIALTY		
Family Medicine	8	50.0
Pediatrics	6	37.5
Primary Care (Unspecified)	1	6.3
Internist	1	6.3
GENDER		
Male	11	68.8
Female	5	31.3
RACE		
White	14	87.5
African American	1	6.3
Indian	1	6.3
SITE TYPE		
Federally Qualified Health Center	5	31.3
Pediatric Clinic	1	6.3
Family Practice Clinic	6	37.5
Rural Health Center	2	12.5
Community Health Center	1	6.3
Outpatient Clinic	1	6.3
URBAN OR RURAL		
Urban	13	81.3
Rural	3	18.8
LENGTH OF SERVICE		
2 Years	14	87.5
3 Years	1	6.3
4 Years	1	6.3
YEAR SERVICE OBLIGATION BEGAN		
2002	2	12.5
2003	3	18.8
2004	2	12.5
2005	6	37.5
2006	3	18.8
AWARD AMOUNT		
<\$22,000	2	12.5
\$22,000 - \$24,999	5	31.3
\$25,000 - \$49,999	3	18.8
\$50,000 - \$69,999	3	18.8
≥\$70,000	3	18.8

SECTION VI

National Health Service Corps Loan Repayment Program and Scholarship Program

Description

The National Health Service Corps (NHSC) was created in 1972 due to the health care crises that emerged in the U.S. in the 1950's and 1960's. NHSC is committed to improving the health of the nation's underserved by uniting communities in need with caring health professionals. The NHSC helps medically underserved communities in the U.S. designated as Health Professionals Shortage Areas (HPSAs) to recruit and retain primary care clinicians, including dental, mental, and behavioral health professionals, to serve in their community. The NHSC has two federal programs to assist in the development, recruitment, and retention of community-responsive, culturally competent, primary care providers: a scholarship program and a loan repayment program.

Medical students dedicated to practicing primary care in communities of greatest need can compete for educational scholarships. In return for the scholarship support, participants must agree to practice in a HPSA of their choice. Applicants who are selected to participate receive payment of tuition and fees, books, supplies, equipment for up to four years of education, and a monthly stipend. For each year of support received, students are required to serve one year full-time in an approved HPSA practice site. There is a minimum service commitment of two years, which must begin upon completion of one's health professions training or primary care residency.

Fully trained primary care physicians can apply for the NHSC loan repayment program. Applicants who are selected to participate agree to provide full-time primary care services in an approved HPSA practice site. For the two-year minimum service commitment, the NHSC will

pay up to \$50,000, based on the participant's qualifying educational loans. Opportunities to continue participating in the program beyond two years may be available for a maximum of \$35,000 per year.

Methods

The National Health Service Corps (NHSC) Loan Repayment Program and Scholarship Program provided the data for use in the project. Data were summarized for presentation in Table 8.

Findings

To date, 193 physicians have participated in the scholarship program and 149 in the loan repayment program in Indiana. Little is known about the personal characteristics of the participants and whether they elected to continue practicing in a HPSA upon completion of their service obligation.

Recommendations

- More information about the characteristics of the program participants would be useful.
- Participants in the program need to be tracked to determine if they continue to practice in underserved areas once their service obligation is fulfilled.

Table 8

Status of Physician Participants in the National Health Service Corps Scholarship and Loan Repayment Programs, with Service Obligations in Indiana, 1987 – 2007

	PROGRAM PARTICIPANTS	
	n	%
SCHOLARSHIP PROGRAM	193	100.0
In School	8	4.0
In Deferment	7	4.0
In Default	4	2.0
In Service	6	3.0
Complete	168	87.0
LOAN REPAYMENT PROGRAM	149	100.0
In Service	55	37.0
Complete	90	60.0
Other (i.e. in default, death, etc.)	4	3.0

CONCLUSION

This report summarizes the findings of a physician recruitment and retention program review, and available local program data. The inventory, constructed following an extensive review of the literature and search on the World Wide Web (web), contains mostly state and federal level loan repayment programs. Other types of programs, such as medical student preceptorships or state-specific AHEC programs were not readily available and not often listed in the inventory. Since it is known that programs of this type exist in Indiana and that there are inconsistencies in program details among available resources, one could reasonably assume that these types of programs exist across the county, but are not well documented. Given the current shortage of physicians, and expectation that this trend will not change in the immediate future without intervention, available physician recruitment and retention programs need to be better marketed to medical schools, program directors, practicing physicians, planners, residents, and medical students. Dissemination of this information would help those involved in medical student affairs target, identify, and recruit individuals who are more likely to remain in rural and underserved areas after completing their service obligation.

Findings from the analysis of the available Indiana participant data show that program managers are doing a good job tracking participation and program growth. Since the data analyzed in this project were predominantly administrative tracking data, several characteristics that may help planners and researchers assess a learner's choice of health care careers, (specifically medicine) and practice location were either incomplete or not available. However, two data sets—the Department of Family Medicine Consortium Surveillance for 1993-2006 and the Indiana University School of Medicine Primary Care Scholarship Program—did capture residency choice. In both cases, most students in these programs, which are designed to recruit

and retain students in the primary care field, chose primary care careers. Furthermore, the available data show that students and preceptors enjoy the teaching and learning process at all levels of learners. This is evident following the analysis of available satisfaction data from the Lugar Center on Rural Health and the steady growth in West Central AHEC programs and participants. It is also significant to note that the loan repayment programs in Indiana are successful with most students completing their service commitment.

Although the data available for Indiana programs shows positive outcomes, a comprehensive evaluation strategy needs to be developed to include the learner continuum—from kindergartner to first year medical student to final practice location and completion of service commitment. The strategy needs to appropriately and consistently measure programs success both individually and in aggregate. Since the ultimate measures of success of these programs is to recruit and retain clinicians, specifically primary care doctors, in rural and underserved locations and to improve health outcomes in those areas, the strategy needs to include surveillance of participants through the student training and development pipeline, particularly measure specialty choice and ultimate practice location. A model might include two levels of assessment: a students' intent to choose a health care career and training milestones. The measure of intent to chose a career in health would expand the current partnership to include researchers from education to assist planners in a choice of educational model and instrument construction to assess intent to choose health care careers across the learner continuum linked directly with the milestone arm of the model where objective data on learners is tracked and monitored. Milestones to be measured include, but are not limited to:

- Percent of students who graduate from high school.

- Percent of students who graduated and chose either a 4 year baccalaureate or less than 4 year training program.
- Percent of those choosing a baccalaureate who choose a health care career.
- Percent of those choosing a less than 4 year training program who choose a health care career.
- Percent of learners choosing graduate training in a health care career, specifically advance practice nursing or medical school.
- Percent of learners in advance degree programs or medicine choosing primary care.
- Percent of those choosing primary who are serving in rural and underserved environments.
- Change in key health indicators.

Data captured in both the intent arm and milestone arm of the model, along with learner participation in recruitment and retention programs, and final choices of specialty and practice location would demonstrate program success.

NEXT STEPS

In order to move to a much needed evaluation strategy, the key stakeholders in this area need to be identified and brought together in focus groups or interviewed to determine need. Using key stakeholder data as a starting point, planners can then begin the process of developing a program logic model to include overarching program goal(s), measurable short-, intermediate-, and long-term measures of success (like those listed above in the milestones arm of the model), and supporting initiatives and activities. The model would be based on available resources, but scalable to accommodate changes staff, programs, and financial support. Process evaluation to monitor infrastructure activity and adherence to program goals should also be included.

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Appendix A

PHYSICIAN RECRUITMENT AND RETENTION PROGRAM INVENTORY

National Inventory

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Alabama						
Alabama State Loan Program	State-funded program for medical students willing to practice primary care in a rural underserved area for 4-6 years. Must be a resident of Alabama.	~\$15,000 per year		W. Charles Graves Health Prof. Placement Alabama Department of Public Health 434 Monroes Street Montgomery, AL 36130-3917 1-800-255-1992		
Alabama State Scholarship Program	State-funded program for medical students willing to practice primary care in a rural underserved area for 4-6 years. Must be a resident of Alabama.	Up to \$5,000		W. Charles Graves Health Prof. Placement Alabama Department of Public Health 434 Monroes Street Montgomery, AL 36130-3917 1-800-255-1992		
Alabama Tax Credit Program	This program was designed as an incentive by the state to promote the recruitment and retention of physicians residing and practicing in small or rural communities. The physician's office must be located in a community of less than 25,000 residents.	Allows physicians to deduct up to \$5,000 per year for a maximum of 5 years from their state income tax				
Alaska						

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Arizona						
Arizona Loan Repayment Program	This program provides an incentive for primary care providers to provide services in urban or rural, public, non-profit practices located in federally designated HPSAs. Program funds are used to repay qualifying educational loans in return for a 2 year minimum of primary care service provision.	The award incentive varies depending on the HPSA priority list. However, for the first 2 years of contract, amount is no more than \$20,000 and for extension, amount is no more than \$25,000.		Fabian Valle Workforce Programs Manager Arizona Dept of Health Services, Office of Health Systems Development 1740 W. Adams Room 410 Phoenix, AZ 85007 Phone: (602) 542-1219 Fax: (602) 542-2011 vallef@azdhs.gov.		http://www.azdhs.gov/hsd/az_loan_repayment.htm
Arizona Medical Student Loan Program	This program is an educational loan program for Arizona medical students who intend to practice in eligible specialties. The loan is repaid in service at an approved practice area by the State of Arizona. It has a minimum of 2 years service commitment.	A minimum of \$15,786 and a maximum of \$35,786 per year is paid to medical students for up to 5 years of schooling		Maggie Gumble University of Arizona College of Medicine Financial Aid Office, Tucson, AZ 85724-5027 Phone: (520) 626-7146 Fax: (520) 626-6301 mdfinaid@email.arizona.edu		http://www.financial-aid.medicine.arizona.edu/amslp.html
Arizona Rural Private Primary Care Provider Loan Repayment Program	This program provides an incentive for primary care providers to provide services in a rural private practice located in an Arizona Medically Underserved Area. Program funds are used to repay qualifying educational loans in return for a 2 year minimum of primary care service provision.	The award incentive varies depending on the HPSA priority list. However, for the first 2 years of contract, amount is no more than \$20,000 and for extension, amount is no more than \$25,000.		Fabian Valle Workforce Programs Manager Arizona Dept of Health Services, Office of Health Systems Development 1740 W. Adams Room 410 Phoenix, AZ 85007 Phone: (602) 542-1219 Fax: (602) 542-2011 vallef@azdhs.gov.		http://www.azdhs.gov/hsd/az_rural_private_loan_repayme nt.htm

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Arkansas						
Arkansas Rural Medical Practice Student Loan/Scholarship Program (ARMPSLSP)	Program's purpose is to increase the number of physicians practicing primary care medicine in rural communities in Arkansas. 4 year service obligation Eligible: Arkansas residents who have been accepted to or enrolled in the University of Arkansas College of Medicine, have financial need, and demonstrate desire to practice primary care in a rural community.	Up to \$12,000 per year or financial need, whichever is less, may be borrowed in return for 1 service year obligation per year of financial assistance.		Tom G. South Admissions & Financial Aid University of Arkansas College of Medicine 4301 West Markham SLOT 709, Little Rock, AR 72205 Phone: (501) 686-5813 Fax: (501) 686-5873 southtomg@uams.edu		http://www.uams.edu/com/fin-aid/ruralmed.asp
Community Match Physician Recruitment Program	Program's purpose is to increase the number of physicians practicing primary care medicine in rural communities in Arkansas. 4 year service obligation Eligible: Arkansas residents who have been accepted to or enrolled in the University of Arkansas College of Medicine, have financial need, and demonstrate desire to practice primary care in a rural community.	Up to \$16,500 per year with one-half of the funds provided by the contracting rural community and the other half "matched" by the Rural Practice Program		Tom G. South Admissions & Financial Aid University of Arkansas College of Medicine 4301 West Markham SLOT 709, Little Rock, AR 72205 Phone: (501) 686-5813 Fax: (501) 686-5873 southtomg@uams.edu		http://www.uams.edu/com/fin-aid/cmatach.asp
The Rural Physician Incentive Revolving Fund	This program is an initiative created to encourage physicians to locate and to remain in the full-time practice of primary care in rural communities of less than 15,000 population, HPSA.	\$25,000 establishment; \$10,000 at end of years 2, 3, and 4		Bill Rodgers Director Office of Rural Health and Primary Care, State Health Department Freeway Medical Bldg, Little Rock, AR 72204 (501) 661-2245 wrodgers@healthyarkansas.com		http://www.healthyarkansas.com/rural_health/funds.html#Physician

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California						
National Health Service Corps/State Loan Repayment Program	This program is for physicians or medical residents who agree to a minimum service commitment of 2 years in a HPSA.	Up to \$12,500 per year for 1st and 2nd year and up to \$17,500 per year for 3rd and 4th year	Federal and Non-profit entity match	Karen C. Munsterman Program Administrator NHSC/State Loan Repayment Program 1600 Ninth Street, Room 440 Sacramento, CA 95814 (916) 654-2102		http://www.oshpd.ca.gov/hwcd/stateloan/index.htm
Steven M. Thompson Physician Corps Loan Repayment Program	Program's purpose is to increase the number of culturally and linguistically competent physicians who are practicing in medically underserved areas of California by repaying governmental or commercial loans incurred while pursuing their professional education.	Up to \$105,000 over a three-year period, and have a service obligation of 3 years		Health Professions Education Foundation 818 K Street, Room 210 Sacramento, CA 95814 Phone (within California): (800) 773-1669 Phone (outside California): (916) 324-6500 Fax: (916) 324-6585		Application: http://www.healthprofessions.ca.gov/Applications/SMTPhysicianCorpsApplication.pdf Program Facts: http://www.healthprofessions.ca.gov/progfacts.htm
Colorado						
Colorado Health Professions Loan Repayment Program	Program's purpose is to assist medically underserved communities in the recruitment and retention of needed health care providers.	Up to \$70,000 in qualified educational loans provided over a maximum rate of \$20,000 per year for the first 2 years and variable thereafter. Maximum service agreement is 6 years.	Administered by the University of Colorado Health Sciences Center's Colorado AHEC program with matching loan funds provided by the NHSC	Kitty Stevens Colorado Dept of Public Health & Environment Div. of Primary Care and Health Services, Denver, CO 80262 Phone: (303) 692-2470 Fax: (303) 315-5886		http://www.uchsc.edu/ahec/lrp/lrp.htm

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Connecticut						
Connecticut State Loan Repayment Program (CSLRP)	Program focuses on recruitment and retention of primary health care professionals in community health centers that are federally designated as Medically Underserved and as HPSAs.	\$15,000 per year up to 4 years (minimum 2 years). Physicians are reimbursed per quarter for their student loans paid in that quarter after providing proof of payment		Mario Garcia, M.P.H., Program Manager Connecticut Department of Public Health Public Health Initiatives Branch, 410 Capitol Avenue, MS#11HLS P.O. Box 340308 Hartford, CT, 06134-0308 (860) 509-7138		http://www.ctpca.org/ProgSvc/RandR/state_repay.aspx Application: http://www.dph.state.ct.us/BC/H/Family%20Health/SLRP/slrp_home.htm
Delaware						
Delaware State Loan Repayment Program	This program is for already trained physicians who wish to practice in medically underserved areas or designated areas of physician need within the state of Delaware.	Maximum amount of \$70,000 is awarded to eligible physicians for a 2-year service commitment, or maximum of \$105,000 for a 3-year contract.		Sarah McCloskey Director of Planning & Policy Delaware State Loan Repayment Program, Delaware Health Care Commission Haslet Armory, Suite 202, Dover, DE 19901 (302) 672-5187 sarah.mccloskey@state.de.us		http://dhcc.delaware.gov/services/slrp.shtml
Florida						
Florida Medical Education Reimbursement & Loan Repayment Program	This program is for physicians who agree to a minimum service commitment of 2 years in a HPSA, may renew for 1 additional year	Up to \$20,000 per year		Karen Granger HRS Recruitment & Retention (HSAH) 1317 Winewood Boulevard Tallahassee, FL 32399-0790 1-800-342-8660		

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Georgia						
Georgia Tax Credit Program	This program was designed as an incentive by the state to promote the recruitment and retention of physicians residing and practicing in rural counties	Allows physicians to deduct up to \$5,000 per year for a maximum of 5 years from their state income tax				http://www.etax.dor.ga.gov/inctax/2005_forms/IND%20CR-2005.pdf
State Medical Education Board of Georgia Scholarship Program	Eligible: Georgia residents attending US MD/DO school, have financial need, and willing to serve in rural Georgia community	Up to 20,000 per year for maximum 4 years		Janice Friend State Medical Education Board of Georgia 1718 Peachtree Street NW, Suite 683 Atlanta, GA 30309-2496 (404) 206-5420 smeb@dch.ga.gov	369 recruited since 1979 with a 71% retention rate.	http://smeb.georgia.gov/00/channel_title/0,2094,48528807_49370851,00.html
The Georgia Loan Repayment Program	Program matches state and federal dollars to repay outstanding medical education loan debt of physicians willing to practice full-time in a Georgia HPSA Eligible: Must be licensed to practice medicine within the State of Georgia at the time the loan is made, must be a U. S. citizen, and complete residency training in an accredited residency program within the U.S.	Up to \$25,000 per year for maximum of 4 years		Janice Friend State Medical Education Board of Georgia 1718 Peachtree Street, NW, Suite 683, Atlanta, GA 30309-2496 (404) 206-5420 smeb@dch.ga.gov		http://www.mcg.edu/students/finaid/PDF/LPR.pdf

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Hawaii						
Native Hawaiian Health Scholarship Program	This program is for Native Hawaiian/part Hawaiian students pursuing a career in a primary care health profession who agree to practice in an HPSA in Hawaii.	Payment is remitted to the recipient's school for tuition and fees directly applicable to the students approved curriculum and program. A before taxes stipend amount of \$1,065 is also awarded in addition to a lump sum for reasonable educational expenses.		Papa Ola Lokahi Native Hawaiian Health Scholarship Program 345 Queen St., Suite 706 Honolulu, Hawai'i 96813 (808) 585-8944		http://www.nhhsp.org/what_is_nhhsp.cfm
Idaho						
Illinois						
Illinois Medical Student Scholarship Program	This program is for medical students committed to primary care practice in underserved areas. Illinois residency applies.	The scholarship will pay tuition, fees (matriculation fees and mandatory insurance) and living expenses of \$950 a month for 12 months per year.		Illinois Department of Public Health Center for Rural Health 535 W. Jefferson Street Springfield, IL 62761 (217) 782-1624		http://www.raconline.org/funding/funding_details.php?funding_id=1164
Illinois National Health Service Corps State Loan Repayment Program	This program is for physicians or medical residents who agree to a minimum service commitment of 2 years in a HPSA.	Up to \$25,000 per year for initial 2-year contract period and 1-year extensions may be awarded at a maximum of \$35,000 per year	This program is funded 50% by the National Health Service Corps and 50% by the service site.			http://www.idph.state.il.us/about/rural_health/NHSC_State_LR_program_app.pdf
Indiana (See State of Indiana Inventory)						

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Iowa						
Iowa PRIMECARRE Loan Repayment Program	This program is for eligible practicing physicians who agree to commit to 2 years of service in a designated medical shortage area	Up to \$30,000 per year		Patricia Kehoe PRIMECARRE Coordinator Bureau of Health Care Access 321 E. 12th Street, 4th Floor Des Moines, IA 50319 Phone: (515) 281-5069 Fax: (515) 242-6384 pkehoe@idph.state.ia.us		http://www.idph.state.ia.us/hp/cdp/primecarre.asp
Kansas						
Health Professional Loan Repayment Program of Kansas	This program is for eligible practicing physicians who agree to commit to 2 years of service in a HPSA. Kansas residency applies.	Up to \$35,000 per year		Division of Health Curtis State Office Building 1000 SW Jackson, Suite 340 Topeka, KS 66612-1365 (785) 296-1200		http://www.kdheks.gov/olrh/download/ProviderApplication.pdf
Kansas Bridging Plan	This program is for eligible medical residents who agree to practice in a designated Kansas rural area upon completion of training. Service commitment is 3 years.	Maximum of \$10,000 from State of Kansas with loan amount matched by the community selected by the resident, plus an additional \$6,000. Maximum of \$26,000 total		Kathryn Stone Sr. Coordinator Rural Health Education and Services - University of Kansas SOM 1010 N. Kansas, Wichita, KS 67214-3199 Phone: (888) 503-4221 Fax: (316) 293-2671 rhealth@kumc.edu		http://ruralhealth.kumc.edu/kbp/overview.html

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Kentucky						
Rural Kentucky Medical Scholarship Fund (RKMSF) Grant Program	Eligible: Residents of Kentucky admitted to 1 of the 3 accredited medical schools, willing to practice primary care full-time in an underserved rural area in Kentucky, and need financial help.	The disbursement schedule is as follows: \$20,000 after the 1st year, \$30,000 after 3rd year, \$30,000 after 5th year, and \$30,000 after the 7th year.		Amber Laflin Rural Kentucky Medical Scholarship Fund 4965 US Highway 42, Suite 2000, Louisville, KY 40222-6301 (502) 426-6200 laflin@kyma.org		http://www.kyma.org/RKMSF/grant.htm
Louisiana						
Louisiana State Loan Repayment Program	This program's purpose is to encourage primary care practitioners to serve in HPSAs.	Maximum loan repayment incentive of up to \$18,000 per year for a 2-year commitment and up to \$20,000 per year for a 3-year commitment.		Jeanne Haupt Louisiana Department of Health & Hospitals, Division of Research & Development P.O Box 82915 Baton Rouge, LA 70884 (225) 342-3506 jhaupt@dhh.la.gov		http://www.dhh.louisiana.gov/offices/page.asp?ID=88&Detail=4986
Louisiana Tax Credit Program	This program was designed as an incentive by the state to promote the recruitment and retention of physicians in rural underserved parishes. The physician's office must be within 20 miles of a community hospital, and both the office and the hospital cannot be located less than 20 miles from the nearest city of 30,000 or more people. Physician must agree to practice for a period of not less than 3 years and accept Medicaid and Medicare patients.	Allows physicians to deduct up to \$5,000 per year for a maximum of 5 years from their state income tax				http://dev2.dhh.state.la.us/pcr/recruitment/la_tax_credit.htm

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Maine						
State Loan Repayment Program	This program is for eligible physicians who agree to practice in a federal designated HPSA for at least 2 years.	Maximum of \$50,000 for a 2-year commitment	This program is funded 50% by the National Health Service Corps and 50% from Maine's taxpayer dollars.	Charles E. Dwyer Office of Rural Health and Primary Care Bureau of Health 286 Water Street Augusta, ME 04333-0011 (207) 287-5524 sophie.e.glidden@maine.gov		http://www.maine.gov/dhhs/bh/orhpc/SLRPSUMM.htm
Maryland						
Loan Assistance Repayment Program for Primary Care Physicians	This program is for eligible physicians or medical residents who agree to a service commitment of 2-4 years in a designated area. State residency requirement applies.	Physicians: maximum of \$30,000 per year depending on length of service. Medical residents: maximum of \$25,000 per year.		Jeanette Jenkins Maryland Higher Education Commission 839 Bestgate Road, Suite 400 Annapolis, MD 21401 (410) 767-5612 jenkinsj@dhhm.state.md.us		http://www.mhec.state.md.us/financialAid/ProgramDescriptions/prog_larppcs.asp
Massachusetts						
Massachusetts State Loan Repayment Program	This program is for eligible physicians committed to working full-time at a community health center in a designated HPSA for at least 2 years.	Maximum of \$15,000 per year for 2 years		Julia Dyck Office of Primary Care Massachusetts DPH 250 Washington Street, 5th Floor, Boston, MA 02108-4619 (617) 624-6028 julia.dyck@state.ma.us		http://massleague.org/ClinicalCorner/MSLRP-Fact%20Sheet3-07.pdf
Primary Care Physician Loan Repayment Program	This program is intended to increase the capacity of health centers in medically underserved areas to provide primary care by enhancing the availability of primary care physicians. Minimum 2-year service requirement	Maximum of \$25,000 a year for up to 3 years for a maximum of \$75,000.	Managed by the Massachusetts League of Community Health Centers and is funded by a grant from the Bank of America Charitable Foundation	Joan Pernice Massachusetts League of Community Health Centers Primary Care Physician Loan Repayment Program 40 Court Street, 10th floor Boston, MA. 02108 Phone: (617) 426-2225 www.massleague.org		http://www.massleague.org/ClinicalCorner/loan/BOAPHCM LApplicantInfo4-4-07.doc

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Michigan						
Michigan Essential Health Provider	This program is for eligible physicians committed to practicing in designated areas for at least 2 years and who are willing to accept Medicaid and Medicare patients.	Maximum of \$25,000 for 2 years service commitment.	NHSC funding is equally matched with state or local match funds.	Steven L. Creamer Michigan Department of Community Health Lewis Cass Building, 320 S. Walnut, Lansing, MI 48913 (517) 241-9946 creamers@state.mi.us		http://www.michigan.gov/mdc/h/0,1607,7-132-2945_40012-135399--,00.html
Minnesota						
Minnesota State Loan Repayment Program	This program is for eligible physicians who agree to practice full-time in a designated HPSA for at least 2 years	Maximum of \$20,000 annually	Funded by the State of Minnesota and the National Health Service Corps	Debra Jahnke Office of Rural Health & Primary Care P.O. Box 64882 St. Paul, MN 55164-0882 (651) 201-3845 debra.jahnke@health.state.mn.us		http://www.health.state.mn.us/divs/cfh/orhpc/loan/state.htm
Rural Physician Loan Forgiveness Program	Physicians must serve in a designated Minnesota rural area for a minimum of 30 hours per week for a minimum of 3 years.	Up to 4 years of loan forgiveness repayment, ~\$17,000 annually		Karen Welter Office of Rural Health and Primary Care P.O. Box 64882, St. Paul, MN 55164-0882 (651) 282-6302 Karen.Welter@Health.State.MN.US		http://debtfree.elearners.com/how-to-pay-for-school/IncentivesByState.aspx?State=MN&incentive_type_id=2&incentive_id=249&incentive_category=1
Urban Physician Loan Repayment Program	Physicians must serve in a designated Minnesota urban area for a minimum of 30 hours per week for a minimum of 3 years.	Up to 4 years of loan forgiveness repayment, ~\$17,000 annually		Karen Welter Office of Rural Health and Primary Care P.O. Box 64882, St. Paul, MN 55164-0882 (651) 282-6302 Karen.Welter@Health.State.MN.US		http://debtfree.elearners.com/how-to-pay-for-school/IncentivesByState.aspx?State=MN&incentive_type_id=2&incentive_id=250&incentive_category=1

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Mississippi						
Family Medical Education Loan Scholarship Program	Eligible: medical students who are legal residents of Mississippi; accepted or currently enrolled at the University of Mississippi Medical Center. Willingness to practice as a family practice physician for 6 years in a critical shortage area after 3 year residency	Maximum of up to \$100,000 is awarded to eligible physicians for 6 years service agreement.		MaryJane Covington Mississippi Office of Student Financial Aid 3825 Ridgewood Road, Jackson, MS 39211-6453 Phone: (601) 432-6997 Fax: (601) 432-6527 maryc@ihl.state.ms.us		http://www.ihl.state.ms.us/financialaid/FMEP.html
State Medical Education Scholarship Program	Eligible: medical students who are legal residents of Mississippi; accepted or currently enrolled at the University of Mississippi Medical Center. Willingness to practice as a family practice physician in a critical shortage area after 3 year residency	For each year of service, 1 year of tuition will be paid, not to exceed 4 years		MaryJane Covington Mississippi Office of Student Financial Aid 3825 Ridgewood Road, Jackson, MS 39211-6453 Phone: (601) 432-6997 Fax: (601) 432-6527 maryc@ihl.state.ms.us		http://www.ihl.state.ms.us/financialaid/smels2.html
Missouri						
Missouri Loan Repayment Program	This program is for eligible physicians who agree to practice full-time in a designated HPSA for at least 2 years. Missouri residency applies.	Up to \$25,000 per year of service	Federal and state funded	Harold Kirbey Missouri Department of Health P.O. Box 570 920 Wildwood Jefferson City, MO 65102 (573) 751-6219		
Primary Care Resource Initiative for Missouri (PRIMO)	Eligible: Missouri residents attending a Missouri institution. One year of service per loan providing primary care in a HPSA. Priority will be given to residents of underserved areas, minority persons, and previous recipients (PRIMO Scholars).	Up to 25% annually. If number of loans exceeds 5, 20% of the entire borrowed amount is forgiven per year.		Kris Frank MO Dept of Health and Senior Services, Primary Care and Rural Health Unit PO Box 570, Jefferson City, MO 65102 (800) 891-7415 kris.frank@dhss.mo.gov		http://www.dhss.mo.gov

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Montana						
Montana: Foreign Medical Graduates J-1 Visa Program	Foreign medical graduates can make request for a visa waiver to practice in underserved areas of the U.S provided they meet set criteria for employment	Valid work visas are provided to eligible foreign medical graduates		Jim Nybo (406) 444-3574 jnybo@mt.gov		http://www.dphhs.mt.gov/PHSD/Primary-Care/primary-care-j-1info.shtml
Montana Rural Physician Incentive Program	Loan repayment program established to encourage primary care physicians to practice in medically underserved areas of rural Montana	\$3,500 - 6 & 12 mos.; \$4,000 - 18 & 24 mos.; \$4,500 - 30 & 36 mos. \$5,000 - 42 & 48 mos.; \$5,500 - 54 & 60 mos.		Laurie Tobol Office of the Commissioner of Higher Education 46 N. Last Chance Gulch Helena, MT 59620-3201 (406) 444-6570 ltobol@ocche.montana.edu		http://www.montana.edu/wwwami/rpip.html
Montana Rural Physician Tax Credit Program	This program was designed as an incentive by the state to promote the recruitment and retention of physicians in rural areas. Physicians must maintain a practice for at least 9 months of the taxable year in which the credit is claimed. If the physician ceases practice within 4 years following any taxable year in which the credit is granted, the physician is required to repay the state the amount of the credit claimed for that taxable year	Allows physicians to deduct up to \$5,000 per year for a maximum of 4 years from their state income tax				http://mt.gov/revenue/legislativeinformation/taxreform/indian_tax_credits.doc

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Nebraska						
Nebraska Student Loan Program	This program awards student loans to medical students attending school in Nebraska and who agree to practice 1 year in a state-designated shortage area for each year a loan is received. Must be a resident of Nebraska.	Up to \$20,000 per year, up to 4 years		Marlene A. Janssen NE HHSS, Office of Rural Health 301 Centennial Mall South PO Box 95044 Lincoln, NE 68509-5044 (402) 471-2337 marlene.janssen@hhss.state.ne.us		http://www.hhs.state.ne.us/orh/loansstate.htm
Nebraska Loan Repayment Program	This program assists qualified health professionals in paying their educational debts.	Program requires a 50% local match with state funds, reaching an annual maximum of \$40,000 per year		Marlene A. Janssen NE HHSS, Office of Rural Health 301 Centennial Mall South PO Box 95044 Lincoln, NE 68509-5044 (402) 471-2337 marlene.janssen@hhss.state.ne.us		http://www.hhs.state.ne.us/orh/loansstate.htm
Nevada						
Nevada Loan Repayment Program	Eligible: Nevada resident , licensed to practice in a HPSA, see all patients regardless of ability to pay	\$12,000 - \$25,000 per year	Federal and state funded	Keith Clark (775)738-3828		
New Hampshire						
New Hampshire Primary Loan Care Repayment Provider Plans	All candidates must be willing to sign a 2-year contract with the state and practice 2 years in a selected underserved community.	Up to \$30,000 per year		Christabel Tomilson Workforce Coordinator NH DHHS, Rural Health & Primary Care 29 Hazen Drive Concord, NH 03301 (603) 271-2276 ctomilson@dhhs.state.nh.us		

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New Hampshire State Loan Repayment Program	The purpose of the program is to increase the number of primary health care providers serving in New Hampshire's HPSAs, Medically Underserved Areas (MUAs) and the Medically Underserved Population Areas (MUPs).	Up to \$20,000 per year for a 2 year commitment	federal-state partnership			http://www.dhhs.nh.gov/DHHS/RHPC/slrp.htm Application: http://www.dhhs.nh.gov/NR/rdonlyres/exnsoryw327qubodoud7mjin5d7h54fsvs3frzt4lsdaefq7zmgm2225mxebnckrlcb6t2iilyjvk7armybhqhz2k3fg/loanrepaymentapp.pdf
New Jersey						
Primary Care Loan Redemption Program of New Jersey	Participants must serve in a state designated underserved area (SDUA) or HPSA of the state; must serve full-time (40 hours/week), contract a minimum of 2 years; maximum of 4 years.	Up to \$120,000 of eligible loans / expenses (18% after first full year of service, 26% at end of second year, 28% at end of third year, and 28% at end of fourth year).		Sharon W. Bryant Primary Care Loan Redemption Program of New Jersey Admin Complex, Bldg 1, Rm 119 Newark, NJ 07101-1709 (973) 972-4605 bryantTSL@UMDNJ.edu		http://www.umdny.edu/lrpweb
New Mexico						
Health Professional Loan Repayment Program (HPLPP)	This program is for eligible physicians who agree to practice in designated medical shortage area for a minimum of 2 years.	Maximum award of \$12,500 per year, dependent on legislative funding		Kenn Williams Program Officer New Mexico Commission on Higher Education Financial Aid and Student Services P.O Box 15910, Santa Fe, NM 87502-5910 Phone: (505) 827-7383 Fax: (505) 827-2392 kenn@che.state.nm.us		http://fin.hed.state.nm.us/content.asp?CustComKey=200291&CategoryKey=216320&WebFileKey=216321&pn=webfilesview&DomName=fin.hed.state.nm.us

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Medical Student Loan-for-Service Program	This program is for eligible medical students who agree to practice in designated HPSA upon completion of training.	Maximum of \$12,000 per year for each year of service commitment.		Kenn Williams Program Officer New Mexico Commission on Higher Education Financial Aid and Student Services P.O Box 15910, Santa Fe, NM 87502-5910 Phone: (505) 827-7383 Fax: (505) 827-2392 kenn@che.state.nm.us		http://www.hed.state.nm.us/
New York						
Regents Physician Loan Forgiveness Award Program	Practice in a NYS Regents Designated Loan Forgiveness Area or Facility for 2 years for each award in New York State. NY State resident - serve in designated shortage area	\$10,000 per year		The State Education Department Scholarship Unit, Room 1078 EBA, Albany, NY 12234 (518) 486-1319 scholar@mail.nysed.gov		http://www.highered.nysed.gov/kiap/scholarships/rplfap.htm
North Carolina						
High Needs Service Bonus Program	State funded program for physicians willing to serve 2-4 years in a HPSA	Up to \$35,000 for 4 years		Judith Ashbaugh NC Office of Research Demonstrations and Rural Health Development 2009 Mail Service Center Raleigh, NC 27699-2009 800-533-8847 or (919) 733-2040		http://www.explorehealthcareers.org/en/Funding.532.aspx
Loan Repayment Program	This program is for eligible physicians who agree to practice in a designated HPSA with at least 2 years of service commitment.	Up to \$50,000 for 2-year commitment; Up to \$85,000 for 3 years; Up to \$120,000 for 4 years. Additional 39% tax to offset increased tax liability.		Tom Tucker NC Office of Rural Health & Resources Development 311 Ashe Avenue, Raleigh, NC 27606 Phone: (800) 533-8847 Fax: (919) 733-8300 tomtucker@mindspring.com		www.ncruralhealth.org

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Loan Repayment Program	This program is for eligible physicians who agree to practice in a designated HPSA with at least 2 years of service commitment.	Up to \$70,000 for 4 years		Tom Tucker NC Office of Rural Health & Resources Development 311 Ashe Avenue, Raleigh, NC 27606 Phone: (800) 533-8847 Fax: (919) 733-8300 tomtucker@mindspring.com		www.ncruralhealth.org
North Carolina: Community Practitioner Program	This program is for physicians with a willingness to serve in a documented health manpower shortage area, medical underserved area or economically distressed area; willingness and desire to live and work in an underserved, often rural, part of the state	Loan repayment program and has 5 year service commitment with incentives (no stated figure).	Sponsored by the NC Medical Society Foundation	Cathy S. Wright Associate Director CPP North Carolina Medical Society Foundation 222 N. Person St. P.O. Box 27167 Raleigh, NC 27611 (919) 833- 3836 cwright@ncmedsoc.org		http://www.ncmedsoc.org/non_members/foundation/cpp/Cpp_FAQ.pdf
NC Student Loan Program for Health, Science and Mathematics	This program is for eligible physicians who agree to practice in a designated HPSA. NC residency applies	\$8,500 per year. Maximum loan amount is \$34,000		Edna Williams NC Student Loan Program for Health, Science & Mathematics PO Box 14223, Research Triangle, NC 27709 (919) 549-8614 eew@ncseaa.edu		http://www.cfnc.org/paying/loan/career/career_hsm.jsp
North Dakota						
Physician Loan Repayment Program	Eligible: A graduate of an accredited 4-yr allopathic or osteopathic medical school in the US or Canada; must be enrolled in or have graduated from an accredited graduate training program in medicine prior to or within 1 yr of applying; must be licensed to practice. 2-year commitment; serve in HPSA	Up to \$90,000 for a 2-year commitment		Mary Amundson Center for Rural Health, U. of N. Dakota SOM and HS Stop 9037 , Grand Forks, ND 58202 (701) 777-4018 mamundson@medicine.nodak.edu		www.aafp.org/

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Ohio						
Ohio Physician Loan Repayment Program (OPLRP)	Minimum 2-year commitment, provide minimum of 40 hours/week; serve in underserved areas.	Up to \$20,000 per year for up to 4 years; Maximum of \$80,000.		Ohio Dept of Health Ohio Physician Loan Repayment Program 246 North High Street, PO Box 118, Columbus, OH 43266-0118 (614) 644-8508 bchssd@odh.ohio.gov		http://www.odh.ohio.gov/odh/Programs/chss/phyloan/ploan1.aspx
Oklahoma						
Family Practice Resident Rural Scholarship Loan Program	This program is for residents enrolled in accredited Oklahoma Family Practice or General Practice Residency Programs and who agrees to practice in a PMTC approved rural area.	\$1,000 per month (\$12,000 per year)		Charlotte K. Jiles Program Coordinator Physician Manpower Training Commission 1140 N.W. 63rd Street, Suite 302, Oklahoma City, OK 73116 (405) 843-5667 pmtc@oklaosf.state.ok.us		http://www.pmtc.state.ok.us/famprac.htm
Oklahoma Rural Medical Scholarship Loan Program	Eligible: Currently enrolled in (or has been accepted into) a medical college, plans to do internship/residency in a primary care specialty, Is a resident of Oklahoma. Service Obligation: 1 year of practice in a qualified Oklahoma rural community for each year of scholarship loan. (Must practice at least 2 years for any credit to be given.)	Up to \$60,000; \$15,000 each for first, second, third, and fourth years. Payable monthly.		Charlotte K. Jiles Program Coordinator Physician Manpower Training Commission 1140 N.W. 63rd Street, Suite 302, Oklahoma City, OK 73116 (405) 843-5667 pmtc@oklaosf.state.ok.us		www.pmtc.state.ok.us/rurasp/ecs.htm

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Oklahoma State Loan Repayment Program	Primary care physician agrees to provide health services in a designated HPSA in Oklahoma for a minimum of 2 years. Employer must agree to cost-share and be a not for profit organization. Be certified or licensed in Oklahoma to practice.	\$25,000 per year for physicians		Jim Bishop Program Director Physician Manpower Training Commission 1140 N.W. 63rd Street, Suite 302, Oklahoma City, OK 73116 (405) 843-5667 jim.bishop@pmtc.state.ok.us		www.pmtc.state.ok.us/slrpoverview.htm
Oregon						
Oregon Rural Health Services (RHS) Program	Practice in medically underserved rural areas in state; Physicians: 5 yrs following agreement, must practice for at least 3 yrs in qualifying area	Physicians: 20% of qualifying loan principal per year of service (up to 5 years);		Susanne Ney Special Programs Coordinator Oregon Student Assistance Commission - Grants and Scholarships Division 1500 Valley River Drive, Suite 100, Eugene, OR 97401 (800) 452-8807 susanne.d.ney@state.or.us		http://www.getcollegefunds.com/ad_repay_rural_health.html
Oregon State Medical Provider Tax Credit	This program was designed as an incentive by the state to promote the recruitment and retention of physicians residing and practicing in rural communities. The physician's office must be located in a community of less than 25,000 residents.	Allows physicians to deduct up to \$5,000 per year for up to 10 years from their state income tax				http://www.ohsu.edu/oregonruralhealth/medtaxcred.html

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Pennsylvania						
Pennsylvania's Primary Health Care Practitioners Loan Repayment Program	Must agree to serve a minimum of 3 years in a designated Primary Care HPSA	Max: \$64,000 1st year: 15% (up to \$9,600) 2nd: 20% (up to \$12,800) 3rd: 30% (up to \$19,200) 4th: 35% (up to \$22,400)		Fred Bowlan Program Administrator Division of Health Professions Development Pennsylvania Department of Health 7th & Forster Streets, Rm 1033 Health & Welfare Bldg., Harrisburg, PA 17120 (717) 772-5298 fbowlan@state.pa.us		http://www.health.state.pa.us/pco
Rhode Island						
Rhode Island Health Professional Loan Repayment Program	2-year service commitment at approved site in a HPSA.	Up to \$35,000 for physicians		Mary Ann Miller Rhode Island Department of Health 3 Capitol Hill, Providence, RI 02908-5097 (401) 222-1171 maryannemm@doh.state.ri.us		www.health.ri.gov/disease/pri/marycare/loan-opc.php
South Carolina						
Rural Physician Incentive Grant Program	State funded program for physicians willing to serve 2-4 years in a HPSA	\$10,000 per year for a 4 year commitment		Mark Griffin Director of Recruitment South Carolina Office of Rural Health (803) 454-3850 markg@scorh.net		

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
South Dakota						
South Dakota Physician Tuition Reimbursement Program	Eligible: Licensed as physician in SD, completed a 3 year allopathic residency or 2 year osteopathic residency in family practice. Practice as a family physician in an eligible community for at least 3 years.	An amount equal to double the total amount of tuition charged students at the University of South Dakota SOM for the 4 most recently completed academic years (approximately \$100,000).		Amy Petersen SD Office of Rural Health, Dept of Health 600 East Capitol Avenue, Pierre, SD 57501 (800) 738-2301 amy.petersen@state.sd.us		www.state.sd.us/doh/rural/index.htm
South Dakota State Loan Repayment Program	Two-year service commitment at approved site in a HPSA.	Up to \$35,000 for 2-year contract and up to \$100,000 for 4-year contract		Department of Health Office of Rural Health 600 E. Capitol, Pierre, SD 57501 1-800-738-2301 or 605-773-2679.		http://www.state.sd.us/DOH/rural/StateLoan.htm
Tennessee						
Tennessee Health Access Incentive Program	This is an incentive grant program for eligible physicians who agree to a 3 year minimum service commitment in a designated health shortage area.	Maximum of \$50,000 for service commitment		Ann Phillips Health Access / P.I.G. Cordell Hull Building 6th Floor 425 Fifth Ave. North, Nashville, TN 37247-5245 Phone: (615) 741-2101 Fax: (615) 253-2100 ann.phillips@state.tn.us		http://www2.state.tn.us/health/rural/haip.html

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Texas						
Physician Education Loan Repayment Program of Texas	Physician must provide primary care services for at least 12 consecutive months in an approved practice site.	Physician may receive a minimum of \$9,000 and up to \$17,000 per year in student loan repayments. Repayments are paid annually upon completion of the year of service, contingent upon availability of funds.	Federal and state funded	Cynthia Valenzuela-Hegemier Manager, Special Accounts Servicing Texas Higher Education Coordinating Board Student Services Division PO Box 12788, Austin, TX 78711-2788 (800) 242-3062 hegemierca@theccb.state.tx.us		www.orca.state.tx.us/
Utah						
Utah Health Care Workforce Financial Assistance Program	To assist health care professionals in repaying their educational loans in return for practicing in a medically underserved area of Utah. Participants must agree to serve for a minimum of 2 years.	Up to \$15,000 per year for a minimum 2 year service commitment, and up to \$25,000 per year for each additional year, up to 4 years maximum.		Erin L. Olsen Utah Department of Health, Office of Primary Care and Rural Health PO Box 142005, Salt Lake City, UT 84114-2005 (801) 538-6214 elolsen@utah.gov		http://health.utah.gov/primary_care
Vermont						
Freeman Educational LRP for Physicians	This program is for eligible practicing physicians who agree to practice at least half-time in a designated area of need.	Maximum of \$20,000 per year; one year of service for each year of loan repaid.		Laurie Hurowitz University of Vermont College of Medicine, AHEC Program Office 1 South Prospect St., Burlington, VT 05401 Phone: (802) 656-5538 Fax: (802) 656-3016 Laurie.hurowitz@uvm.edu		http://www.med.uvm.edu/AHEC/Downloads/Content/Text%20for%20Site/Educational%20Loan%20Repayment/Applications/Freeman/freemanrecruitapp.pdf

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Vermont State Loan Repayment Program	Must serve in a primary care setting in a state or federally designated shortage area. Must agree to provide services for 1 or more years and not deny service to those on Medicare/Medicaid or those unable to pay.	Up to \$20,000 per year	Administered in partnership with the regional AHEC's. Singel application for FREEMAN and State Loan Repayment Programs.	Ellen B. Thompson Department of Health Health Policy and Planning PO Box 70, Burlington, VT 05402 (802) 863-7606 ethomps@vdh.state.vt.us		
Virginia						
Virginia Physicians Loan Repayment Program	Minimum of 2 year commitment in a Virginia medically underserved area (VMUA), HPSA, or and state or local government facility.	Up to \$50,000 for a 2 year commitment; up to \$85,000 for a 3 year commitment; up to \$120,000 for a 4 year commitment, dependant upon available funds.		Norma Marrin Virginia Dept of Health, Office of Health Policy & Planning 109 Governor Street, Suite 1016-East Richmond, VA 23219 (804) 864-7435 norma.marrin@vdh.virginia.gov		www.vdh.virginia.gov
Washington						
Health Professional Loan Repayment Program (HPLPP)	Already trained physicians, U.S. citizenship required.	\$25,000 per year for a 3 year commitment, contract can be extended for an additional 2 years with a maximum of \$35,000 annually.		Nicole Fernandus Nicole.Fernandus@DOH.WA.GOV Phone: (360) 236-2802		http://www.hecb.wa.gov/paying/waaidprgm/health.asp
Health Professional Scholarship Program	Medical students, U.S. citizenship required. Also, there is a 3 year service contract in a designated area upon completion of training. Washington residency is not one of the eligibility criteria.	Scholarship incentives vary by educational program.		Kathy McVay Phone: (360) 236-2816 Chris Wilkins Phone: (360) 236-2817		http://www.hecb.wa.gov/paying/waaidprgm/health.asp

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
West Virginia						
Educational Seed for Physicians (ESP)	The program is designed to provide loans for medical students who promise to specialize in Family Medicine and upon training completion, do a 2 year service commitment in the state of WV to repay the loan	\$4,500 per year for a maximum of \$18,000 for the 4 years of medical school.	Sponsored by the Family Medicine Foundation (FMF) of Western Virginia	Chris Ferrell Executive Secretary PO Box 359 Flatwoods, West Virginia 26621 (304) 765-7839 FAX: (304) 765-3838 fam.med.foundation@citynet.net		
Health Sciences Scholarship Program	Eligible: 4th year students entering primary care internships or residency programs. Students are obligated via a signed contract to practice in designated underserved areas for a minimum of 2 years upon training completion. West Virginia residency not required	\$20,000 award based on recommendations of an advisory panel		Alicia Tyler West Virginia Higher Education Policy Commission 1018 Kanawha Blvd., East, Suite 700 Charleston, WV 25301-2827 (304) 558-0530 tyler@hepc.wvnet.edu		http://www.wvrhep.org/scholarships.html#MSLP
Medical Student Loan Program	This program is for enrolled students of WV medical schools who meet eligibility criteria and who are have not been in default of previous student loans. Renewable annually.	\$10,000 maximum annual loan amount repayable at the Federal Stafford loan interest rate. Loan can be forgiven if recipient at the completion of training practices in an approved underserved area. The granted rate is \$10,000 for each year of full-time practice.		Bob Long Medical Student Loan Program West Virginia Higher Education Policy Commission P. O. Box 4007 Charleston, WV 25364 (304) 558-4614 ext 320 long@hepc.wvnet.edu		

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
NHSC SEARCH Program	This program is designed to encourage medical students or residents to extend or enhance their training at rural sites	\$75 daily stipend for a minimum rotation of 20 days up to a maximum of 100 days.		Jacki Masi West Virginia University Office of Rural Health P.O. Box 9003 Morgantown, WV 26506-9003 (304) 293-1783 jmasirazmus@hsc.wvu.edu		
Rural Hospital Residency Scholarship	This program is designed by 18 rural hospitals to offer scholarships to resident physicians who in exchange will sign service commitment to practice in the community served by the hospital upon training completion.	\$10,000 per year of practice in the community.		Jill McDaniel West Virginia Hospital Association 100 Association Drive Charleston, WV 25311 (304) 344-9744 jmcDaniel@wvha.com		
WV State Loan Repayment Program	This program is for physicians in eligible fields of practice and who can practice in an approved HPSA	\$40,000 incentive for loan repayments for first 2 years of service commitment. Service can be extended for additional 2 years at a rate of \$25,000 a year.		Karen Pauley Program Coordinator Division of Rural Health and Recruitment 350 Capitol Street, Room 515 Charleston, WV 25301-3716 (304) 558-4383; (Toll Free) 1-888-442-3456 karenpauley@wvdhhr.org		
Wisconsin						
Wisconsin Physician Loan Assistance Program	Practice in medical shortage areas, service obligation of 3 years	YEAR 1: 40% of principal or \$20,000 max. YEAR 2: 40% of principal or \$20,000 max. YEAR 3: 20% of principal or \$10,000 max. Maximum award up to \$50,000.		Ben Sousa Wisconsin Office of Rural Health 109 Bradley Memorial, 1300 Univ. Ave, Madison, WI 53706 (800) 385-0005 bjsousa@wisc.edu		
Wyoming						

State of Indiana Inventory

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Indiana						
Indiana Health Care Professional Recruitment and Retention Fund Program (IHCPRRF)	This program is designed to pay <u>outstanding</u> student loans of qualified physicians for expenses incurred during undergraduate and graduate education. Physicians are required to practice full-time in <u>public or private not-for-profit</u> settings in areas of need approved by the Indiana State Department of Health (ISDH).	LRP for a minimum of 2 years of service at \$20,000 per year. Can be extended annually for an additional 2 years.		Joann Stewart Project Coordinator IHCPRRF Partner Relations Office ISDH 2 N. Meridian St. Indianapolis, IN 46204 (317) 233-8588 Jostewart@isdh.in.gov		http://www.in-afp.org/x5543.html Application: http://www.in.gov/icpr/webfile/formsdiv/50775.pdf Information: http://www.in.gov/isdh/publications/partner_rel/RepaymentFund.htm
Indiana Primary Care Scholars Consortium	The goal of the program is to offer quality summer primary care training opportunities in rural or urban medically underserved community-based settings to first-year medical students. Eligible: Indiana residents who have completed their first year of medical school at Indiana University School of Medicine. Exceptions are occasionally made to also accept a small number of students who have completed their first year of medical school outside of Indiana, such as through Illinois' Rural Medical Education program.	\$3,000 stipend for an 8-week experience.	Consortium Members: Deaconess Hospital Family Medicine Preceptorship Program, Ft. Wayne Medicine Preceptorship Program, Indiana Primary Care Scholars' Preceptorship Program, Indiana Academy of Family Physicians Foundation, Richard G. Lugar Center for Rural Health Summer Hoosier Rural Preceptorship Program, St. Joseph Hospital Family Medicine Preceptorship Program	José R. Espada Director MSAA-Student Financial Services 635 Barnhill Dr., MS119 Indianapolis, IN 46202-5120 (317) 274-1967 jespada@iupui.edu Jennifer Custer Community Education Project Director Indiana University Department of Family Medicine (317) 274-6539		

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
Indiana Primary Care Scholarship Program (IPCSP)	<p>This program is designed to recruit students who possess characteristics that increase the probability they will practice primary care in a medically underserved area after completion of medical training.</p> <p>Eligible: full-time IUSM medical student, Indiana resident, maintain good academic standing while in medical school</p>	Scholarship pays in-state Indiana University School of Medicine tuition and applicable fees. For every year of scholarship, the student is committed to 1 year of full-time practice (4 years total of service after residency) in a designated medically underserved area.		<p>José R. Espada Director MSAA-Student Financial Services 635 Barnhill Dr., MS119 Indianapolis, IN 46202-5120 (317) 274-1967 jespada@iupui.edu</p>	Since the program's inception in 1993, it has financially assisted over 200 Indiana residents attending IUSM.	http://msa.iusm.iu.edu/FinancialAid/faservice.htm
National Health Service Corps (NHSC) Loan Repayment Program (LRP)	Fully trained health professionals who are dedicated to working with the underserved and have qualifying educational loans are eligible to compete for repayment of those loans if they choose to serve in a community of greatest need. In addition to loan repayment, these clinicians receive a competitive salary and a chance to have a significant impact on a community.	Maximum repayment during the required initial 2-year contract is \$25,000 each year. May be eligible to continue loan repayment beyond 2 years, 1 year at a time, to the extent you have unpaid qualifying educational loans and continue to serve at an eligible site. One-year amendments are awarded for a maximum of \$35,000 per year.		<p>Indiana Health Service Recruitment Program Parklawn Building, Rm 6-39 5600 Fishers Lane Rockville, MD 20857 (800) 962-2817</p>	More than 27,000 health professionals have served with NHSC since 1972. NHSC's retention rates have averaged 76% to 80%	<p>http://nhsc.bhpr.hrsa.gov/join-us/lrp.asp</p> <p>Application: http://nhsc.bhpr.hrsa.gov/applications/</p> <p>Resources: http://nhsc.bhpr.hrsa.gov/publications/</p>

NAME OF PROGRAM	DESCRIPTION OF PROGRAM	INCENTIVE(S)	PARTNER(S)	CONTACT(S)	MEASURES OF SUCCESS	PROGRAM RESOURCES
National Health Service Corps (NHSC) Scholarship Program	In return for scholarship support, physicians must agree to practice in communities across the Nation where need is the greatest. Period of service is 1 year for each year of support you receive, with a 2-year minimum commitment.	This program offers the following benefits for up to 4 years of education: Payment of tuition and fees, 12 monthly stipend payments per year of scholarship support, Payment of other reasonable educational expenses, such as books, supplies, and equipment		Indiana Health Service Recruitment Program Parklawn Building, Rm 6-39 5600 Fishers Lane Rockville, MD 20857 (800) 962-2817	More than 27,000 health professionals have served with NHSC since 1972. NHSC's retention rates have averaged 76% to 80%	http://nhsc.bhpr.hrsa.gov/join-us/scholarships.asp Application: http://nhsc.bhpr.hrsa.gov/applications/ Resources: http://nhsc.bhpr.hrsa.gov/publications/
Hospital-Specific Physician Recruitment Programs	Hospitals develop these programs as needed and are not typically ongoing. Programs vary dependent upon available resources and physician specialty need. Programs are tailored as needed to attract physician specialties	Vary by hospital		Hospital Human Resources Department		

Appendix B

INDIANA PRIMARY CARE SCHOLARS CONSORTIUM PROGRAM SPECIFIC DESCRIPTIONS

Deaconess Hospital Family Medicine Preceptorship Program

Sponsored by Deaconess Hospital, Evansville, IN, this program's purpose is to introduce first year medical students to a summer experience in family medicine and underserved populations in and around the Evansville area. Preference will be given to Evansville Center students and students from Southern Indiana. Two students will be selected.

Contact: Theresa Chadwick, Program Assistant
Deaconess Hospital Family Practice Residency Program
(812) 450-2895
E-mail: theresa_chadwick@deaconess.com

Fort Wayne Medical Education Program

Sponsored by the Fort Wayne Medical Education Program, Fort Wayne, IN, this program's purpose is to introduce first year medical students to a summer experience in family medicine and underserved populations in and around the Fort Wayne area. Preference will be given to Fort Wayne Center students and students from Northeastern Indiana. One student will be selected.

Contact: Jennifer Custer or Phyllis Hoffman
IUSM Dept. of Family Medicine
(317) 278-0310
Email: jcuster@iupui.edu; phhoffma@iupui.edu

Hoosier Rural Preceptorship Program

Sponsored by the Richard G. Lugar Center for Rural Health and Union Hospital, this program introduces first year medical students to a summer experience in rural family medicine and underserved populations around the greater Terre Haute area. Preference will be given to Terre Haute Center students and students from rural Indiana. This experience includes hands-on training at various rural sites in and around the Terre Haute area. Six to eight students will be selected.

Contact: Joyce Strange, Program Coordinator
Richard G. Lugar Center for Rural Health
(812) 238-7479
E-mail: mcrhjes@uhhg.org

Indiana Academy of Family Physicians Foundation Barnett Adopt-A-Student Program

Sponsored by the Indiana Academy of Family Physicians Foundation, this program promotes family medicine as a career choice. Students will experience the demands and management of a family practice, day to day activities of the primary care physician as well as their lifestyle and responsibilities to the community. Up to four participants will be selected. Experiences will be state-wide. Every effort will be made to place students within a reasonable distance of preferred location.

Contact: Missy Lewis, Director
Indiana Academy of Family Physicians Foundation
IAFP Foundation Adopt-A-Student Program
(317) 237-4237
E-mail: mlewis@in-afp.org

Indiana Primary Care Scholars Preceptorship Program

Sponsored by IUSM Primary Care Scholarship Program and administered by the IUSM Department of Family Medicine, this program introduces first year medical students to the reality of providing community-based primary care medicine to underserved populations across Indiana. Ten to fifteen students will be selected. Experience will be statewide and focus on communities outside the Central Indiana region. Every effort will be made to place students within a reasonable distance of preferred location.

Contact: Jennifer Custer or Phyllis Hoffman
IUSM Dept. of Family Medicine
(317) 278-0310
Email: jcuster@iupui.edu; phhoffma@iupui.edu

St. Joseph Regional Medical Center Family Medicine Preceptorship Program

Sponsored by St. Joseph Regional Medical Center, South Bend, IN, this program's purpose is to introduce first year medical students to a summer experience in family medicine and underserved populations in and around the South Bend area. Preference will be given to South Bend Center students and students from the South Bend area. Two students will be selected.

Contact: Jennifer Ludwig, MD
St. Joseph Regional Medical Center
(574) 237-7637
E-mail: ludwigj@sjrmc.com

Appendix C

WEST CENTRAL AREA HEALTH EDUCATION CENTER PROGRAM SPECIFIC DESCRIPTIONS

BODY WORKS: The Health-Science Connection, Primary	
Target audience	Grades 1-3 in West Central Indiana and East Central Illinois
Program objectives or purposes	<ul style="list-style-type: none"> ▪ Increase students' knowledge of the variety of health science careers ▪ Increase students' knowledge of the connection between the human body senses and body systems, specifically bone and muscles, heart and brain ▪ Expose students to wet lab skills ▪ Increase interest in health careers ▪ Strengthen critical thinking and problem-solving skills ▪ Strengthen cognitive and social skills needed for academic success ▪ Increase interest in science ▪ Provide skills so students can teach their siblings and parents the basics of the program content
Describe the curriculum	Hands-on learning activities in health and science. Students explore body systems such as bones, muscles, heart, and brain. Many activities involve students in small groups working interactively in non-didactic activities such as lab experiments, games, physical activities, field trips, and clinical simulations using the Human Patient Simulator. Career-awareness activities include presentations and demonstrations by health professionals.
Faculty/instructors	Instruction is supervised by WCI-AHEC staff members who have Masters degrees in education. Members of the faculty at Indiana University School of Medicine–Terre Haute Center provide material relevant to their fields. Instructors are also drawn from Union Hospital Health Group and the Terre Haute Fire Department. Practicing local health care professionals volunteer their time to work with the children. Older students, including middle-school, high-school, college, and health care professional students assist with teaching, mentoring, and supervising student activities.
How the program is arranged and organized	This is a two-day, non-residential day-camp of about 8 hours per day. Admission is by application for eligible students. The program is delivered primarily at Landsbaum Center for Health Education in Terre Haute, Indiana, with occasional short off-site trips to places such as the adjacent Union Hospital. The following meals are provided: a morning and afternoon snack and a lunch each day. There is a registration fee of \$75.00 and partial scholarships are available. Students receive the following materials: a manual with information concerning all body systems covered in the session plus information regarding the sponsors and health careers.
Evaluation	Participants complete a program evaluation at the end of the program that addresses satisfaction and overall program evaluation. We administer pre- and post-tests of knowledge and interest in health careers and the body systems covered in the program. Evaluation information is used to improve the program for the subsequent year. We also hope to track student interest in health careers over time using the pre- and post- test results. No student is required to complete the tests and we separate the children so as to minimize breaches of confidentiality. The tests are secured at all times and identifying information is removed from computer files once results are analyzed. The original tests are maintained in hard copy form.
Contact hours	17 students x 16.0 program hours = 272
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> ▪ WCI-AHEC ▪ Indiana University School of Medicine – Terre Haute Center ▪ Indiana State Office of Rural Health
Other program stakeholders	Health professionals who volunteer their time, Union Hospital which provides the lunches, our student workers / mentors, area science teachers
Program history	Summer 2006 was the first year this program was offered. In summer 2007, the program was refined based upon participant input. We also incorporated new learning activities anticipating some repeat attendees.

BODY WORKS: The Health-Science Connection, Intermediate	
Target audience	Grades 4-5 in West Central Indiana and East Central Illinois
Program objectives or purposes	<ul style="list-style-type: none"> ▪ Increase students' knowledge of the variety of health science careers ▪ Increase students' knowledge of the connection between the human body senses and body systems, specifically skin, bones, and muscles; thyroid, heart, and brain; and spleen, stomach, and lungs ▪ Expose students to wet lab skills ▪ Increase interest in health careers ▪ Strengthen critical thinking and problem-solving skills ▪ Strengthen cognitive and social skills needed for academic success ▪ Increase interest in science ▪ Provide skills so students can teach their siblings and parents the basics of the program content
Describe the curriculum	Hands-on learning activities in health and science. Students explore body systems such as skin, bones, muscles, thyroid, heart, brain, spleen, stomach, and lungs. Many activities involve students in small groups working interactively in non-didactic activities such as lab experiments, games, physical activities, field trips, and clinical simulations using the Human Patient Simulator. Career-awareness activities include presentations and demonstrations by health professionals.
Faculty/instructors	Instruction is supervised by WCI-AHEC staff members who have Masters degrees in education. Members of the faculty at Indiana University School of Medicine–Terre Haute Center provide material relevant to their fields. Instructors are also drawn from Union Hospital Health Group and the Terre Haute Fire Department. Practicing local health care professionals volunteer their time to work with the children. Older students, including middle-school, high-school, college, and health care professional students assist with teaching, mentoring, and supervising student activities.
How the program is arranged and organized	This is a three-day, non-residential day-camp of about 8 hours per day. Admission is by application for eligible students. The program is delivered primarily at Landsbaum Center for Health Education in Terre Haute, Indiana, with occasional short off-site trips to places such as the adjacent Union Hospital. The following meals are provided: a morning and afternoon snack and a lunch each day. There is a registration fee of \$100.00 and partial scholarships are available. Students receive the following materials: a manual with information concerning all body systems covered in the session plus information regarding the sponsors and health careers.
Evaluation	Participants complete a program evaluation at the end of the program that addresses satisfaction and overall program evaluation. We administer pre- and post-tests of knowledge and interest in health careers and the body systems covered in the program. Evaluation information is used to improve the program for the subsequent year. We also hope to track student interest in health careers over time using the pre- and post- test results. No student is required to complete the tests and we separate the children so as to minimize breaches of confidentiality. The tests are secured at all times and identifying information is removed from computer files once results are analyzed. The original tests are maintained in hard copy form.
Contact hours	12 students x 24.0 program hours = 288

BODY WORKS: The Health-Science Connection, Intermediate (continued)	
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> ▪ WCI-AHEC ▪ Indiana University School of Medicine – Terre Haute Center ▪ Indiana State Office of Rural Health
Other program stakeholders	Health professionals who volunteer their time, Union Hospital which provides the lunches, our student workers / mentors, area science teachers
Program history	In 2005, we did Six Science Saturdays which gave us the basis for this program. In 2006 we conducted this program in its current format. The 2007 program has enhancements based upon participant feedback and was done with a recognition that some students will have the basis of the 2006 Primary program.

Middle School Health-Science Academy <i>(formerly called the Middle School Health and Science Camp)</i>	
Target audience	Grades 6-8 in West Central Indiana or East Central Illinois
Program objectives or purposes	<ul style="list-style-type: none"> ▪ Increase students' knowledge of the human body systems ▪ Increase students' knowledge of the variety of health science careers ▪ Strengthen students' wet lab skills ▪ Increase interest in health careers ▪ Strengthen critical thinking and problem-solving skills ▪ Strengthen cognitive and social skills needed for academic success ▪ Increase interest in science ▪ Encourage healthy life choices through adolescent health sessions, videos, hands-on activities including the Human Patient Simulator
Describe the curriculum	Hands-on learning activities in health and science. Students explore health research, body systems, public health, and adolescent health topics. Many activities involve students in small groups working interactively in non-didactic activities such as lab experiments, games, physical activities, field trips, and clinical simulations using the Human Patient Simulator. Career-awareness activities include presentations and demonstrations by health professionals.
Faculty/instructors	Instruction is supervised by WCI-AHEC staff members who have Masters degrees in education. Members of the faculty at Indiana University School of Medicine–Terre Haute Center provide material relevant to their fields. Instructors are also drawn from Indiana State University Athletic Training Department, Union Hospital Health Group and the county health department. Practicing local health care professionals volunteer their time to work with the children. Older students, including high-school, college, and health care professional students assist with teaching, mentoring, and supervising student activities.
How the program is arranged and organized	This is a five-day, non-residential day-camp of about 8 hours per day. Admission is by application for eligible students. The program is delivered primarily at Landsbaum Center for Health Education in Terre Haute, Indiana, with occasional short off-site trips to places such as the IU School of Medicine Research Laboratories. Lunch is provided each day. There is a registration fee of \$125.00 and partial scholarships are available. Students receive the following materials: a manual with information concerning all topics covered in the session plus information regarding the sponsors and health careers.
Evaluation	Participants complete a program evaluation at the end of the program that addresses satisfaction and overall program evaluation. We administer pre- and post-tests of knowledge and interest in health careers and the body systems covered in the program. Evaluation information is used to improve the program for the subsequent year. We also hope to track student interest in health careers over time using the pre- and post- test results. No student is required to complete the tests and we separate the children so as to minimize breaches of confidentiality. The tests are secured at all times and identifying information is removed from computer files once results are analyzed. The original tests are maintained in hard copy form.
Contact hours	15 students x 40 contact hours per student = 600 total contact hours
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> ▪ WCI-AHEC ▪ Indiana University School of Medicine – Terre Haute Center ▪ Indiana State Office of Rural Health
Other program stakeholders	Indiana State University, Union Hospital Health Group, county health department, health professionals who volunteer, and area science teachers.
Program history	This was one of the first programs we developed from scratch. We continue to refine it each year and adjust content so students can repeat the session without a lot of duplication.

Student Mentoring Program	
Target audience	Youth in high school, and undergraduate programs related to health care who can be a mentor and helper for students from disadvantaged backgrounds or those who struggle with the materials presented.
Program objectives or purposes	<ul style="list-style-type: none"> ▪ Increase students' knowledge of the material to be covered ▪ Increase students' knowledge of and confidence with presentation skills ▪ Strengthen students' wet lab skills ▪ Increase and strengthen interest in health careers ▪ Strengthen critical thinking and problem-solving skills ▪ Strengthen cognitive and social skills needed for academic success ▪ Augment paid staff in presenting the programs
Describe the curriculum	WCI-AHEC recruits and trains students to fill these roles who display enthusiasm for the AHEC work, who have organizational ability and a desire to work with younger learners. WCI-AHEC often uses the undergraduate mentors on panels conducted for high school and middle school students during the school year.
Faculty/instructors	Instruction is supervised by WCI-AHEC staff members who have Masters degrees in education. Much of this is one-on-one instruction.
How the program is arranged and organized	This is a very individualized program. We look for students with the characteristics we need for success and then determine if they have the willingness and availability to fill the role. In some instances the students volunteer (often true of middle and high school mentors). In other instances we hire the young person to help with the entire summer program or a specific portion of it. The students work 8 hours per day. The program is delivered primarily at Landsbaum Center for Health Education in Terre Haute, Indiana, with occasional short off-site trips. Lunch is provided each day when a student program is running.
Evaluation	No formal evaluation has been done.
Contact hours	200 hours per person
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> ▪ WCI-AHEC
Other program stakeholders	All other partners and participants in our summer programs.
Program history	We began using this approach five years ago and have found it to be very successful.

Forensic Science Academy	
Target audience	Grades 6-12 from West Central Indiana and East Central Illinois
Program objectives or purposes	<ul style="list-style-type: none"> ▪ Increase students' knowledge of the variety of health science careers ▪ Increase students' knowledge of the scientific method using various forensic science tools and techniques ▪ Strengthen students' wet lab skills ▪ Increase interest in health careers ▪ Strengthen critical thinking and problem-solving skills by allowing the students to complete a crime scene investigation ▪ Strengthen cognitive and social skills needed for academic success ▪ Increase interest in science ▪ Learn to apply the scientific method in a lab setting
Describe the curriculum	This program involved much hands-on scientific exploration in the laboratory and some work in the field. Hands-on lab sessions involve the following: application of scientific method, finger printing, blood and wounding analysis, DNA analysis, poisons, bugs, bones, hair and fiber analysis, and crime scene investigation. It gives the students a clearer understanding of the real science behind television portrayals, such as CSI and NCIS.
Faculty/instructors	Instruction is supervised by WCI-AHEC staff members who have Masters degrees in education. Instructors are drawn from the Indiana State University Criminology and Interactive Media Design Services Departments, Indiana University School of Medicine faculty, Terre Haute Regional Hospital the County Coroner, and the Terre Haute Police Department. Practicing local health care professionals volunteer their time to work with the students. Older students, including high-school, college, and health care professional students assist with teaching, mentoring, and supervising student activities.
How the program is arranged and organized	This is a three-day, non-residential day-camp of about 8 hours per day. Admission is by application for eligible students. The program is delivered primarily at Landsbaum Center for Health Education in Terre Haute, Indiana, with occasional short off-site trips to places locations such as the Coroner's Office at Terre Haute Regional Hospital. Lunch is provided each day. There is a registration fee of \$150.00 and partial scholarships are available. Students receive the following materials: a manual with information concerning the subjects covered in the session plus information regarding the sponsors and health careers.
Evaluation	Participants complete a program evaluation at the end of the program that addresses satisfaction and overall program evaluation. We administer pre- and post-tests of knowledge and interest in health careers and the forensic subjects under study. Evaluation information is used to improve the program for the subsequent year. We also hope to track student interest in health careers over time using the pre- and post- test results. No student is required to complete the tests and we separate the children so as to minimize breaches of confidentiality. The tests are secured at all times and identifying information is removed from computer files once results are analyzed. The original tests are maintained in hard copy form.

Forensic Science Academy (continued)	
Contact hours	22 participants x 24 hours each = 528 contact hours in 2007
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> ▪ WCI-AHEC ▪ Indiana University School of Medicine – Terre Haute Center ▪ Indiana State Office of Rural Health
Other program stakeholders	Health professionals who volunteer their time, Union Hospital, Terre Haute Regional Hospital, the Coroner, Indiana State University, our student workers / mentors, area science teachers
Program history	This program was originally launched in 2006 and was focused on high school aged students. Based upon feedback we received we modified the program to include middle school students in 2007 and they now constitute our largest segment of the class.

Summer Honors Program: Pre-Medicine	
Target audience	Grades 10-12 from across the nation. Students in the class of 2008 must either: rank in the upper 25% of their class, maintain a "B" average, or have a recommendation from a school teacher, counselor or principal.
Program objectives or purposes	<ul style="list-style-type: none"> ▪ Experience campus life ▪ Earn college credit ▪ Earn a \$4,400 scholarship to attend ISU ▪ Introduce student to the rigors of medical school ▪ Strengthen research, presentation, and wet lab skills ▪ Expose students to other health professions
Describe the curriculum	Students daily received college level lectures from Indiana University School of Medicine faculty members, they worked in research laboratories, and they conduct research which they present for their culminating project. They spend time with health care professionals exploring other career choices within health care and address adolescent health issues. Lecture topics include: anatomy, biochemistry, environmental health, genetics, microbiology, neurosciences, pathology and physiology.
Faculty/instructors	Science faculty from Indiana State University and the Indiana University School of Medicine–Terre Haute Center and volunteers from various health professions.
How the program is arranged and organized	Two-week residential. Daily baccalaureate science lectures plus wet lab and research exercises. Free time daily with scheduled tours and arranged social / sporting activities. Culminating individual oral presentation to faculty and parents. Dormitory accommodations and cafeteria meals. 2 semester hours of transferable college credit awarded by Indiana State University. Admission is by application. Fee is \$895 and partial scholarships are available.
Evaluation	Participants complete a program evaluation at the end of the program that addresses satisfaction and overall program evaluation. We administer pre- and post-tests of knowledge and interest in health careers and the subjects under study. Evaluation information is used to improve the program for the subsequent year. We also hope to track student interest in health careers over time using the pre- and post- test results.
Contact hours	July 15-27, 2007; Approximate contact hours per student = 92 or 1,380 per 15-student session
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> ▪ WCI-AHEC ▪ Indiana State University ▪ Indiana University School of Medicine – Terre Haute Center
Program history	The program has been offered for several years. Over the last five years WCI-AHEC has expanded the focus of the program to include information and speakers on topics of health careers, beyond medicine.

Summer Research Institute	
Target audience	Post-secondary, degree-seeking (up to baccalaureate) with an interest in health professions THIS PROGRAM WAS OFFERED IN CONJUNCTION WITH THE IU SCHOOL OF MEDICINE. IU DISCONTINUED THE PROGRAM IN 2007 DUE TO BUDGET CUTS.
Describe the curriculum	This program allowed undergraduate students from a number of colleges and universities who are interested in a health profession to spend one-on-one time with a faculty researcher in life sciences, chemistry, or medicine. The students were part of the real research team for five weeks and performed significant roles in the research project underway. It is an ideal way to determine if basic or applied research is something the student should add to their career objectives. It also is a great foundation for more intensive job shadowing.
How the program is arranged and organized	Five-week residential/non-residential.

Clinical Shadowing I	
Target audience	Post-secondary, degree-seeking (up to baccalaureate) with an interest in health careers
Program objectives or purposes	<p>Students who participate in this program should be able to accomplish these learning objectives:</p> <ul style="list-style-type: none"> describe the social and community context of rural / underserved health care identify priority health challenges that rural communities face identify and describe key stakeholders in rural health compare and contrast the health needs and health care systems of rural communities with cognates in non-rural environments. prepare themselves for the academic challenges they will face in their degree program <p>The conference also provides an opportunity for students to:</p> <ul style="list-style-type: none"> hone interpersonal, inter-professional, and networking communication skills observe and practice cultural competency skills develop internal motivation for lifelong learning appreciate the role of organizational collaboration, negotiation, and information-sharing in successful rural health practice and policy build mentoring relationships with rural communities and health care providers appreciate more deeply the nature and benefits of rural life
Describe the curriculum	Undergraduate students, who are serious about a health care career, are paired with a care giving institution (health departments, clinics or hospitals) for a summer learning experience. The students experienced life and practice in the areas they choose. The shadowing sites were normally in rural and underserved locations. Based upon years of feedback this job-shadowing experience programs are life changing, in a very positive way. The students are expected, and the preceptors agree, to 100 hours of clinical shadowing exposure.
Faculty/instructors	Preceptors are recruited from throughout Indiana. They are often physicians, but may be nurse practitioners or administrative personnel in the institutions accepting students. The program is supervised by a WCI-AHEC staff member with a Master's degree.
How the program is arranged and organized	Summer non-residential program. Approximately 100 hours. In the past this experience was limited to a five week period but that restriction was lifted this year.
Evaluation	Students complete a written exercise which is evaluated to insure adequate exposure and learning occurred.
Contact hours	100 hours per student x 2 students = 200 total contact hours
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> WCI-AHEC Indiana State University Indiana University School of Medicine Accepting facilities (health departments, clinics, or hospitals)
Program history	WCI-AHEC has coordinated this program for five years.

Clinical Shadowing II	
Target audience	Post-secondary, degree-seeking (up to baccalaureate) with an interest in health careers.
Program objectives or purposes	<p>Students who participate in this program should be able to accomplish these learning objectives:</p> <ul style="list-style-type: none"> describe the social and community context of rural / underserved health care identify priority health challenges that rural communities face identify and describe key stakeholders in rural health compare and contrast the health needs and health care systems of rural communities with cognates in non-rural environments prepare themselves for the academic challenges they will face in their degree program <p>The conference also provides an opportunity for students to:</p> <ul style="list-style-type: none"> hone interpersonal, inter-professional, and networking communication skills observe and practice cultural competency skills develop internal motivation for lifelong learning appreciate the role of organizational collaboration, negotiation, and information-sharing in successful rural health practice and policy build mentoring relationships with rural communities and health care providers appreciate more deeply the nature and benefits of rural life
Describe the curriculum	Undergraduate students, who are serious about a health care career, were paired with health care providers (doctors or nurse practitioners) for a summer long learning experience. The students experienced life and practice in the areas they choose. The shadowing sites were normally in rural and underserved locations. Based upon years of feedback this job-shadowing experience programs are life changing, in a very positive way. The students are expected, and the preceptors agree, to 100 hours of clinical shadowing exposure.
Faculty/instructors	Preceptors are recruited from throughout Indiana. They are normally physicians, but may be nurse practitioners in the institutions accepting students. The program is supervised by a WCI-AHEC staff member with a Master's degree.
How the program is arranged and organized	Summer non-residential program. Approximately 100 hours. In the past this experience was limited to a five week period but that restriction was lifted this year.
Evaluation	Students complete a written exercise which is evaluated to insure adequate exposure and learning occurred.
Contact hours	100 hours per student x 7 students = 700 total contact hours
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> WCI-AHEC Indiana State University Indiana University School of Medicine Accepting clinicians (physicians or nurse practitioners)
Program history	WCI-AHEC has coordinated this program for five years.

IRHA Rural Health Scholars	
Target audience	Post-secondary, degree-seeking (up to baccalaureate) with an interest in health careers. This could be pre-medicine or any of the allied health professional training fields that require further degree training.
Program objectives or purposes	<p>Students who participate in this program should be able to accomplish these learning objectives:</p> <ul style="list-style-type: none"> describe the social and community context of rural health care identify priority health challenges that rural communities face identify and describe key stakeholders in rural health compare and contrast the health needs and health care systems of rural communities with cognates in non-rural environments <p>The conference also provides an opportunity for students to:</p> <ul style="list-style-type: none"> hone interpersonal, inter-professional, and networking communication skills observe and practice cultural competency skills develop internal motivation for lifelong learning appreciate the role of organizational collaboration, negotiation, and information-sharing in successful rural health practice and policy build mentoring relationships with rural communities and health care providers appreciate more deeply the nature and benefits of rural life
Describe the curriculum	In its Indiana Rural Health Association Rural Scholars program, WCI-AHEC arranges for students, usually at the baccalaureate level and who have an expressed interest in health care, to attend the annual conference of the Indiana Rural Health Association. Student attendees generally participate in all learning sessions of the conference for 7.5-12.0 contact hours in topical presentations plus participate in various networking related activities. Students also often submit poster presentations as well for an additional approximately 6.0 hours of networking experience. WCI-AHEC also provides structured opportunities for the students participating in this program to reflect individually and collectively on their experience via a written exercise summarizing their learning experience.
Faculty/instructors	While at the conference the students are under the direction of our staff members who have a Masters degree.
How the program is arranged and organized	This is a 2-3 day residential experience. Students are encouraged to either follow the student track, if one exists, or to cover the waterfront of topic if a student track is not offered. Periodic progress checks are made throughout the day and the meeting. Hotel accommodations are provided and meals are normally included in the conference fee.
Evaluation	Students complete a written exercise which is evaluated to insure adequate exposure and learning occurred.
Contact hours	In 2007, 21 students from two (3 colleges in past years) colleges participated. Total contact hours = 280
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> WCI-AHEC Indiana University School of Medicine IVY Tech Community College Vincennes University Indiana State University
Program history	WCI-AHEC has sponsored this program for the last five years.

IRHA Rural Trainees Program	
Target audience	Health professional students. This could be medicine or any of the allied health professional training programs.
Program objectives or purposes	<p>Students who participate in this program should be able to accomplish these learning objectives:</p> <ul style="list-style-type: none"> describe the social and community context of rural health care identify priority health challenges that rural communities face identify and describe key stakeholders in rural health compare and contrast the health needs and health care systems of rural communities with cognates in non-rural environments <p>The conference also provides an opportunity for students to:</p> <ul style="list-style-type: none"> hone interpersonal, inter-professional, and networking communication skills observe and practice cultural competency skills develop internal motivation for lifelong learning appreciate the role of organizational collaboration, negotiation, and information-sharing in successful rural health practice and policy build mentoring relationships with rural communities and health care providers appreciate more deeply the nature and benefits of rural life
Describe the curriculum	In its Indiana Rural Health Association Rural Trainees program, WCI-AHEC arranges for health professional students, typically in medicine, nursing and allied health training programs, to attend the annual conference of the Indiana Rural Health Association. Student attendees generally participate in all learning sessions of the conference for 7.5-12.0 contact hours in topical presentations plus participate in various networking related activities. Students may also submit poster presentations as well for an additional approximately 6.0 hours of networking experience.
Faculty/instructors	While at the conference the students are under the direction of our staff members who have a Masters degree.
How the program is arranged and organized	This is a 2-3 day residential experience. Students are encouraged to either follow the student track, if one exists, or to cover the waterfront of topic if a student track is not offered. Periodic progress checks are made throughout the day and the meeting. Hotel accommodations are provided and meals are normally included in the conference fee.
Evaluation	Students provide oral feedback concerning the experience.
Contact hours	In 2007, 1 medical students participated in the entire conference. Several nursing, athletic training, and dietetics students participated in the poster presentation. Total contact hours = 43
Sponsors with an ownership stake in this program	<ul style="list-style-type: none"> WCI-AHEC Indiana University School of Medicine IVY Tech Community College Vincennes University Indiana State University
Program history	WCI-AHEC has sponsored this program for the last five years.